

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016454
State File No.

FILED APR 25 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3594**

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 21 2617 Randolph | | e. STREET ADDRESS (If rural, give location) 22 2617 Randolph | |
| 3. NAME OF DECEASED a. (First) Mary b. (Middle) c. (Last) Shelton | | 4. DATE OF DEATH (Month) (Day) (Year) Mar 26, 1958 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Feb 3-1893 |
| 9. AGE (In years last birthday) 65 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Ark 1 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Andrew Addison | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Benovia Hartman | | ADDRESS 2617 Randolph | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0 | |
| 19a. DATE OF OPERATION ✓ | | 19b. MAJOR FINDINGS OF OPERATION ✓ | |
| 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR → (?) | | | |
| 22. I hereby certify that I attended the deceased from 3-20 19 58 to 3-26 19 58 , that I last saw the deceased alive on 3/20 , 19 58 , and that death occurred at 6 A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Oliver Moore (Degree or title) | | 23b. ADDRESS 4501 N. East | |
| 23c. DATE SIGNED 3-27-58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Mar 31 1958 | |
| 24c. NAME OF CEMETERY OR CREMATORY Father Dickson | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | |
| DATE REC'D BY LOCAL REG. MAR 29 '58 | | REGISTRAR'S SIGNATURE Paul Smith Mo | |
| 25. FUNERAL DIRECTOR'S SIGNATURE F. A. GREEN | | ADDRESS 4214 DAL MAR | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.