Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

2
I
120
8

FILED VS SEP 3 0 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-034321
STATE FILE NUMBER 2 8668

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 0 Peoples Hospital — Length of stay in 1b 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois — b. COUNTY Madison
c. CITY OR TOWN Venice — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 203 Garner Road — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ISSAC — Middle — Last SHELTON

4. DATE OF DEATH Month Day Year Sept 17, 1959

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 1
8. DATE OF BIRTH Aug 10, 1897
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed laborer
10b. KIND OF BUSINESS OR INDUSTRY athome
11. BIRTHPLACE (City and state or country) Colliersville, Tenn. 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Eiza Shelton
14. NAME OF HUSBAND OR WIFE Emma Shelton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Emma Shelton-203 Garner Rd, Venice, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes - Mellitus
DUE TO (c) Nephritis 260x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/13/59, to 9/17/59 and last saw her/him alive on 9/17/59
Death occurred at 11:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edgar F. Worden 0
22b. ADDRESS 930 N 2nd St E. St. Louis Ill.
22c. DATE SIGNED 9/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/21/59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) East St. Louis, Illinois

24. FUNERAL DIRECTOR ADDRESS Marshall Funeral Home-E.St.Louis,Ill.
25. DATE RECD. BY LOCAL REG. SEP 21 '59
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed Thomas M. Dobson

Signature of Student Embalmer

Licensed Embalmer No. 4479

P. O. Address East St. Louis, Ill

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.