

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

8118
1565

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Hospital No. 2)

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME Clotilde Shackelford

(a) Residence, No. 4032 Aldine St., 11 Ward.

Length of residence in city or town where death occurred 1 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd, 1934

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 6 28

9. OCCUPATION 10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (child)
11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
12. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

13. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

14. NAME Albert Shackelford

15. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Louisiana

16. MAIDEN NAME Hazel McClendon

17. BIRTHPLACE (CITY OR TOWN) Altheimer (STATE OR COUNTRY) ARKANSAS

18. INFORMANT (ADDRESS) Ruby Bredbeck, 2945 Lawton

19. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park, Feb. 4, 1937

20. UNDERTAKER (ADDRESS) Charles J. Bates, 4107 Finney Avenue

21. FILED FEB 4 - 1937 Registrar J. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1937 to Feb. 1, 1937

I last saw her alive on Feb. 1, 1937 Death is said to have occurred on the date stated above, at 11:25 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Date of onset) 1-27-37

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? ----- Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. Owen Blachet, M. D.
(Address) 2945 Lawton Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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