

REC'D OCT 12 1938

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

30599

Do not use this space.

8036

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
D. 7703

2. PRINT FULL NAME

Bobbie Shelton
 (a) Residence, No. 1626 Hickory St. 22
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/38 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 8/26/38 19 to 9/10/38 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1936

I last saw h. him live on 9/10/38 19. Death is said to have occurred on the date stated above, at 1.20 a

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 8 19

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. nil 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Congenital Heart Disease
Cerebral Hemorrhage
with hemiplegia
Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME Wesley Shelton

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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

Name of operation Date of

MOTHER 15. MAIDEN NAME Lula Watson

What test confirmed diagnosis? Was there an autopsy?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Kentu cky

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

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

18. BURIAL, CREMATION, OR REMOVAL to PLACE Cayce, Ky. DATE 9/10/38 19

Manner of injury Nature of injury

19. FUNERAL DIRECTOR (ADDRESS) A. W. McLaughlin 2301 Lafayette Avenue

24. Was disease or injury in any way related to occupation of deceased? / If so, specify

20. FILED SEP 12 1938 Local Registrar.

(Signed) Bernard Schwartzman M. D. (Address) City Hospital No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Jim W. McDonald, Licensed Embalmer No. 3806
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Jim W. McDonald
Licensed Embalmer No. 3806

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)