CT 29 1938 DEC'D NOV 4 1938

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

36905
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township St. Ferdinand — Primary Registration District No. 200 — Registered No. 1761
(c) City ------ — (d) Street No. Underneath East approach of St. Charles Missouri River Bridge
(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.

451

2. PRINT FULL NAME Lloyd S. Shellenberger
(a) Residence, No. 3021a No. Taylor Avenue St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Lillian Bradshaw Shellenberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19, 1905
7. AGE: YEARS 33 — MONTHS — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Ironworker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Oct. 27, 1938
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Colo. Springs, Colorado

FATHER
13. NAME: Samuel Shellenberger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Colorado

MOTHER
15. MAIDEN NAME: Abby Halloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Colorado

17. INFORMANT (ADDRESS): Mrs. Lillian Shellenberger, 3021a No. Taylor Avenue
18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE St. Peters Cem DATE Oct. 31, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kraeger-Voss-Fix, 3402 No. Kingshighway
20. FILED OCT 29 1938, 19 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 27, 1938, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at evening hours
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall, a distance of 65 feet, off of a Missouri River Bridge, now in process of being repaired.	10/27/38

Other contributory causes of importance:
Laterial displacement with compression of spinal cord of 8th thoracic vertebra.
Name of operation ..... Date of 10/27
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accidnet Date of injury 10/27, 19....
Where did injury occur? East approach of St. Chas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury Fall off bridge
Nature of injury Multiple fractures.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner of St. Louis County, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Albert L. Hoffa

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.