

REC'D DEC 12 1938

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

37634
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis mo. (d) Street No. 791 Registration District No. 1008
(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.

Registered No. 9961

2. PRINT FULL NAME

(a) Residence, No. 435 Ray Shelton (RAY SHELTON) St. Mr. Erie, Ill.
(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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 18 - 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 11 - 15 - 1938, to 11 - 18 - 1938
I last saw him alive on 11 - 18 - 1938. Death is said to have occurred on the date stated above, at 6:30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1885.

7. AGE YEARS 53 MONTHS 10 DAYS 12 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) 2 yrs ago
11. Total time (years) spent in this occupation 15-20 yrs

Date of onset

Cardiac infarct
Pulmonary tuberculosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Other contributory causes of importance:

general arteriosclerosis

FATHER 13. NAME Preston Shelton,

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

MOTHER 15. MAIDEN NAME Ellen Marvel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Sadie Shelton (ADDRESS) Mt. Erie, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Erie, Ill. DATE Nov. 20, 1938

19. FUNERAL DIRECTOR (NAME) Craig Mortuary (ADDRESS) 4468 Washington Blvd.

20. FILED NOV 18 1938 J. Bredek Local Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Ernie H. McCoy, M. D. (Address) BARNES HOSPITAL

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 W. H. Lewis

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

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