LOD APR 12 1939

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

8998
Do not use this space.

791
1003
2763

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township 1 Primary Registration District No. Registered No.

(c) or City St. Louis (d) Street No. 5593 Floy Avenue 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.

435

2. PRINT FULL NAME Berenice J. M. Shelton,

(a) Residence, No. 5593 Floy Avenue St. 7
(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: Female
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: Leonard C. Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26, 1911

7. AGE: YEARS 27 | MONTHS 8 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER
13. NAME: Fred Anderle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

MOTHER
15. MAIDEN NAME: Edna B. [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

17. INFORMANT (ADDRESS): Leonard C. Shelton, 5593 Floy Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens DATE: Mar 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Math. Hermann & Son, 2161 East Fair Avenue

20. FILED MAR 24 1939 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1938, to March 21, 1939
I last saw her alive on March 21, 1939 Death is said to have occurred on the date stated above, at 7:30 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Bilateral) far advanced)	9/17/38

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? All Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) J. A. Brennan M. D.
(Address) 408 Humboldt Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-I X16603

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair Ave

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.