

Registration District No. **784**

Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)
In this community **2 mo.**

3. (a) PRINT FULL NAME **Andrew Shelton** **435**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Margaret** (c) Age of husband or wife if alive **1866** years

7. Birth date of deceased **June** (Month) **1866** (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 74 | 1 | 28 | hr. min. |

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business

MOTHER FATHER { 12. Name **Hamilton**

13. Birthplace **Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Eliza Morgan**

15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **LULU SHELTON**

(b) Address **6338 LENNOX, WELLSTON, MO.**

17. (a) **Burial** (b) Date thereof **8/10/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Alexander**

(b) Address **6175 N. 1st St.**

19. **AUG 8 - 1940** (Date received local registrar) (b) **A.R. Meyer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) **0** Mo State **St. Louis** (b) County
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **6338 Lennox**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **8th**
year **1940** hour **5:40 A.M.** minute **—** M.

21. I hereby certify that I attended the deceased from **8/5/40**
to **8/8/40**
that I last saw him alive on **8/8/40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Terminal bronchopneumonia (bron) two days
Cancer of tongue with metastases
Due to **to peripheral glands and**
to lungs. **five years?**
Due to **6/5**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of **Ca of tongue with nodules**
in regional glands of neck and in
Of autopsy **lungs.**

Duration
Physician
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature **Margaret** (M. D. or other) **1**
Address **St. Louis County Hosp** Date signed **7/8/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.