

FILED OCT 6 1942

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 26 days
In this community 19 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3135a Evans
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence Shelton

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 6, 1905
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 23/19 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business Nil

12. Name Lee Jenkins

13. Birthplace Miss.
(State or foreign country)

14. Maiden name Mary Harrison

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof 10-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. J. Beal

(b) Address 2726 Tucker Ave

19. (a) SEE 30 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25,
year 1942 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from June 29, 1942, to September 25, 1942
that I last saw her alive on September 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. breast, left, enoperable with metastasis to right breast.

Due to

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. R. Mearns (M. D. or other)

Address 2601 Whittier St Date signed 9/28/42

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

MOTHER FATHER

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4226*

P. O. Address *2649^e Delmar*

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.