

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 26055  
Registrar's No. 7415

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis MO

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1604 Cole 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County MO OTW

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. 1604 Cole  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIE SHELTON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5<sup>th</sup>  
year 1947 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex M. 2 | 5. Color or race ne

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Shelton 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

about 47 hr. min.

Due to Heat Exhaustion

Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Labar

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Catherine Shelton

13. Birthplace \_\_\_\_\_ (City, town, or county) Mississippi (State or foreign country)

14. Maiden name Wallas Patton

15. Birthplace \_\_\_\_\_ (City, town, or county) Mississippi (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Larise Shelton

(b) Address 1604 Cole

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-9-47  
(Month) (Day) (Year)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Alfred J. Cherry (M. D. or other) 3  
Address Deputy coroner Date signed 8-7-47

(c) Place: burial or cremation Washington park  
Crown Funeral Home

18. (a) Signature of funeral director Crown funeral home

(b) Address 4459 Delaney

19. (a) AUG 7 1947 (Date of local registrar) (b) J. Bredeck (Registrar's signature)

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

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**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.....

*L. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin 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, fact should be so stated above.**