

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1947
316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33013

Registration District No. 316

Primary Registration District No. 1003

Registrar's No. 8723

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3513 So. Jefferson /
(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 Missouri (b) County 020

(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")

(d) Street No. 3513 So. Jefferson 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Frances S. Shelton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas J. Shelton

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 28 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>7</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Milton Todd 9

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

14. Maiden name Cynthia Benson

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

16. (a) Informant Della Menzel

(b) Address 3513 So. Jefferson

17. (a) Burial (b) Date thereof 9-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 16 1947 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1947 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Sept 13 to Sept 16, 1947

that I last saw her alive on Sept 13 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion - 15 yrs
arteriosclerosis

Due to _____

Due to _____

Other conditions Arteriosclerosis 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) MD

Address 3127 S. Grand Date signed 9-16-47

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 *Ernest W. Spillers*
.....
Licensed Embalmer No. *4080*

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.