

Registration District No. 818

Primary Registration District No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4141 W Belle
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John A. Shackelford

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 19, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Henry Shackelford

13. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Stroud

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

16. (a) Informant Willie Mae Shackelford

(b) Address 4141 West Belle Place

17. (a) Burial (b) Date thereof 6-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. B. Roone

(b) Address 1221 North Grand Boulevard

19. (Date received) June 23, 1948 (Registrar's signature) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 17, 1948 to June 20, 1948
that I last saw him alive on June 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-intestinal Hemorrhage; Prob. Carcinoma of Colon
Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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)
Means of injury 3

23. Signature Osborn Deuel (M. D. or other) _____

Address 2601 N Whittier St Date signed 6/21/48

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.....

Frederic S. Vandell

Licensed Embalmer No.

4243

P. O. Address.....

14 Prairie

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.