

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18649

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4654

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>4 Yrs, Mos 8 Days</u>		STREET ADDRESS (If rural, give location) <u>5800 Arsenal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmiry Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Shelton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>August 24, 1865</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Jack Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Emily?</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmiry Records</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>PTX</u>	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> , to <u>May 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>50</u> , and that death occurred at <u>12:05AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Masso Onnot O.M.D.</u>		23b. ADDRESS <u>5800 Arsenal</u>	23c. DATE SIGNED <u>5/25/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>MAY 26 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bldg</u>	24d. LOCATION (City, town, or county) (State) _____
RECORDED BY LOCAL REG. <u>26 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Rooster</u>	ADDRESS <u>4164 06 Manchester</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.