FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35606

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 9364

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place): 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): StLouis 2249
d. STREET ADDRESS (If rural, give location): 3835 Ohio 3835 Ohio 5

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) SHELTON

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 51

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 9-25-1921
9. AGE (In years last birthday): 30 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Kroger Gro Co
11. BIRTHPLACE (State or foreign country): Flat River, Mo 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Elmer Shelton
13b. MOTHER'S MAIDEN NAME: Katie L Cheek
14. NAME OF HUSBAND OR WIFE: Gladys

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: Gladys Shelton ADDRESS: 3538 Ohio

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercapillary Glomerulosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Diabetes Mellitus — 15 years
DUE TO (c) — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Nephrosis; Chronic Pyelonephritis — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 2600 X

22. *I hereby certify that I attended the deceased from* 6/14, 1951, *to* 10/22, 1951, *that I last saw the deceased alive on* 10/22, 1951, *and that death occurred at* 7:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Vermillion M.D. (Degree or title) M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 10/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 10-23 1951
24c. NAME OF CEMETERY OR CREMATORY: IOOF
24d. LOCATION (City, town, or county) (State): StFrancois Missouri

DATE REC'D BY LOCAL REG. OCT 23 1951
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sparks Funeral Home Flat River Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Ronald D Yalmske

Licensed Embalmer No. 3917

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.