

IMMOCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33731

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2431	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 2-WKS.		c. CITY (If outside corporate limits, write RURAL and give township) Clayton		11452	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 618 Forest Court			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) A.		c. (Last) Shelton		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1952	
5. SEX / F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Oct. 7, 1884		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John J. Powers			13b. MOTHER'S MAIDEN NAME Catherine Lavin		14. NAME OF HUSBAND OR WIFE Reginald Shelton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis T. Murphy, 618 Forest Court, Clayton			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bone metastases, rib, pelvis etc. - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site unknown DUE TO (c) 1996 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 mos.
19a. DATE OF OPERATION 8-17-52		19b. MAJOR FINDINGS OF OPERATION Small benign polyp of rectum				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-8-52 to 9-18, 1952, that I last saw the deceased alive on 9-18, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Charles S. Sherwin, Jr. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED Sep. 19, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 19, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 9-19-52		REGISTRAR'S SIGNATURE Herbert R. Donke		FURNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

100  
Miss Louise  
Thurston

**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 \_\_\_\_\_

*W. H. Van Matre*

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.