

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35158**  
Registrar's No. **9182**

BIRTH NO. FILED NOV 15 1955 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>11 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 3114 No. Newstead</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Ed</b>			a. (First)	b. (Middle)
c. (Last) <b>Shelton Sr.</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10 19 55</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 7, 1896</b>	<b>9. AGE</b> (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shaw's Gardner</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Arlington, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Afie Shelton</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Elnora Shelton</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>412-05-0633</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Daniel Shelton 3114 N. Newstead</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Hepatic Cirrhosis</b>				
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332 X</b>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from 10-6-1955, to 10-19-1955, that I last saw the deceased alive on 10-19-1955, and that death occurred at 4:00a m., from the causes and on the date stated above:</b>				
<b>23a. SIGNATURE</b> <i>Edw. P. Williams</i> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>2601 N. Whittier Street</b>		<b>23c. DATE SIGNED</b> <b>10-20-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>10-21-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>SHIPPED TO</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Memphis, Tennessee</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 21 1955</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Metropolitan Fun. Sys. 5010 Enright Ave.</b>	

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**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.....  
Signature of Student Embalmer

Signed *Paul V. Freeman* .....

Licensed Embalmer No. *4686* .....

P. O. Address *4729 Hemm* .....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

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