

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~CONFIDENTIAL~~

FILED VS. MAR 8 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **2361** - **60-008871** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis		c. CITY OR TOWN ST. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MARIAN Hosp.		d. STREET ADDRESS (If outside, give location) 3627 Wisconsin Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ELMER Middle C. Last SHELTON			4. DATE OF DEATH Month Feb Day 26 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY BUSCH		11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS SHELTON		13b. MOTHER'S MAIDEN NAME SARAH MAUPIN		14. NAME OF HUSBAND OR WIFE PAULINE SHELTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 487-26-0434		17. INFORMANT Pauline Shelton 3627 Wisconsin			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE VASCULAR DISEASE INTERVAL BETWEEN ONSET AND DEATH 10 YEARS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HEMORRHAGE OF CEREBRAL ARTERY 2 DAYS		
DUE TO (c) 331x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9 AM	20f. CITY, TOWN, OR LOCATION FEB 25, 1960	COUNTY	STATE
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21. I attended the deceased from **FEB 25, 1960** to **FEB 26, 1960** and last saw him alive on **2-26-60**
Death occurred at **12:50 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. J. Jones (Degree or title) MD	22b. ADDRESS 3616 S. Broadway, St. Louis	22c. DATE SIGNED 2-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR 1, 1960	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	23d. LOCATION (City, town, or county) (State) JEFFERSON BRKS, MO.
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24. FUNERAL DIRECTOR Thomas Kutha 2906 Gravois	25. DATE RECD. BY LOCAL REG. FEB 29 1960	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2182

1-3 P. M. D. M. M. M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elean Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.