AUG 30 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township ~~Clayton~~
City Clayton
Registration District No. 790
Primary Registration District No. 6033
(No. St Louis County Hospital St. Ward)
File No. 28349
Registered No. 244

2. FULL NAME George Shepard
(a) Residence, No. Saratoga, Meachim Park St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~July~~ Aug 23 - 1932

7. AGE YEARS 4 MONTHS 10 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County. Mo.

FATHER
13. NAME Thomas Shepard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaufman, Texas

MOTHER
15. MAIDEN NAME Ethel Covington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) ~~Father~~ Thomas Shepard

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE FATHER DIXON DATE 7-17 1937

19. UNDERTAKER (ADDRESS) SLATEN & KOEN KIRKWOOD, MO.

20. FILED 7/16 1937 Dr A J Figuorello Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-5-37, 19 to 7-15-37, 19
I last saw him alive on 7-15-37 19 Death is said to have occurred on the date stated above, at 1:40 P.M. m.
The principal cause of death and related causes of importance were as follows:

Malaria (Tertian) 7-5-37

Date of onset

Other contributory causes of importance:

38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A W Hauss M. D.
(Address) St Louis County Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.