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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34177

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 8874

FILED NOV 16 1940

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3406 Hickory St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether
In this community about 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 18
(If outside city or town limits write "RURAL")

(d) Street No. 3406 Hickory St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Shepherd

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Page Shepard

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Unavailable 1881
(Month) (Day) (Year)

8. AGE: Years About 59 | Months | Days | If less than one day hr. min.

9. Birthplace Franklin (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Private family

FATHER
12. Name Unavailable
13. Birthplace Franklin (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Dora Day
15. Birthplace Franklin (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Page Shepard
(b) Address 3406 Hickory St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Ave.

19. (a) OCT 28 1940 (Date received local registrar) (b) J. F. Bradlich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th.
year 1940 hour 5:50 minute a.M.

21. I hereby certify that I attended the deceased from September 3, 1940 to October 25th, 1940;
that I last saw him alive on October 25th, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis diffused	1 da.
Due to	
Due to	
Other conditions Arterio sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 822a N. Jefferson Ave. Date signed 10-26-40

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Smith Jr, Registered Apprentice No. 265 working under my personal supervision.

Signed James A. Dunsmuir

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, above space should be left blank.