

No. 2
-9-4-41
5-17-39
X2944A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29185

FILED SEP 23 1942

State File No. _____

7729

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS

(c) Name of hospital or institution: CHILDRENS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

(c) City or town Rural R#1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 999

(e) Citizen of foreign country? no (Yes or No) 22

If yes, name country _____

3. (a) PRINT FULL NAME BARBARA ANN SHEPARD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, INFANT

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC. 22 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 23 If less than one day hr. _____ min. _____

9. Birthplace MISSISSIPPI CO. MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name WILLIE NORMAN SHEPARD

13. Birthplace LAWRENCE CO. TENN. 1
(City, town, or county) (State or foreign country)

14. Maiden name VEATRICE TAYLOR

15. Birthplace DOUBLE SPRINGS ALA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Norman Shepard

(b) Address Charleston Mo. R#1

17. (a) Burial (b) Date thereof Sept. 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellows Cem. Charleston Mo.

18. (a) Signature of funeral director J. F. Bredbeck

(b) Address Charleston Mo.

19. (a) 9-17-42 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 42 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 9
13, 1942, to 9-15, 1942

that I last saw h. ER. alive on 9-15-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Tracheo-Bronchialitis

Due to Non-diphtheritic

Due to 106

Other conditions 106
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy Tracheo-Bronchialitis

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? _____

While at work _____ (Specify type of place) _____
(e) Manner of injury _____

23. Signature L. B. Burrell (M. D. or other) _____

Address 500 S. Kings Highway Date signed 9-15-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880
P. O. Address St. Louis Mo.

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.