

FILED JAN 14 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **St. Louis Missouri**  
 (b) City or town **St. Louis Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Peoples Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Weeks.**  
(Specify whether  
 In this community **27 Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4202 Cook Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Augusta Shepherd**

3. (b) If veteran, name war **----** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sam Shepherd** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **August 22nd, 1899**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **4** Days **11** If less than one day **hr. min.**

9. Birthplace **New Haven Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**

MOTHER FATHER { 12. Name **Charles Rose**  
 13. Birthplace **McKittrick Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Wlice Anderson**  
 15. Birthplace **Franklin Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Shepherd**  
 (b) Address **4202 Cook Ave.**

17. (a) **Burial** (b) Date thereof **1-7-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave**

19. (a) **JAN 6 1943** (b) **J. P. Brudek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3d**  
 year **1943** hour **6:45** minute **A.M.**

21. I hereby certify that I attended the deceased from **8-28-1942** to **1-3-1943**  
 that I last saw her alive on **1-2-1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
 Due to **92**  
 Due to **92**  
 Other conditions **92**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **92**  
 Of autopsy **92**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **92**  
 (b) Date of occurrence **92**  
 (c) Where did injury occur? **92**  
(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? **92** Means of injury **92**  
 23. Signature **J. P. Brudek** (M.F.D. or other)  
 Address **3200 Lucus Ave.** Date signed **1/5/43**

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

**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.....

*William C. McDowell*..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... *William C. McDowell*.....

Licensed-Embalmer No..... *2114*.....

P. O. Address *1711 N. Taylor Ave.*.....

**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.**