

No. 2  
-2-43  
-17-44  
x 44

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

FILED SEP 25 1943

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2129

1. PLACE OF DEATH: St. Louis

(a) County Richmond Heights, Mo.

(b) City or town Richmond Heights, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether)

In this community 50 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 096

(c) City or town St. John's Station, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2852 Wheaton Ave.  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Reba Shepherd

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife late Henry Shepherd

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

7. Birth date of deceased Sept. 5th. 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>0</u>	<u>13</u>	hr. _____ min.

9. Birthplace Verona Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Wilks

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Cordellie Wicks

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry E. Wilks

(b) Address 3130 Ellsworth

17. (a) Burial (b) Date thereof 9-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 22 1943 (b) L. M. Lawrence  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th.  
year 1943 hour 3:00 minute 25 AM.

21. I hereby certify that I attended the deceased from Sep 16 1943 to Sep 18 1943  
that I last saw him/her alive on Sep 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Drabeles Coma 48 hrs

Due to Drabeles Mellitus ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 61

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury 6

23. Signature Russell (M. D. or other) 9/20  
Address 3720 Washington Date signed \_\_\_\_\_

Dr. Kinsler - 3720 Washington

NOV 14 1945

NOV 17 1945

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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 Homer L. Gonder

Licensed Embalmer No. 3267

P. O. Address 2223 St. Louis 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.