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8-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11999  
State File No. \_\_\_\_\_  
Registrar's No. 790

FILED APR 14 1947  
377

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 2/3/47  
(Specify whether \_\_\_\_\_)  
In this community 37 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County over  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2102 Carl  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHEPARD, Jonah  
3. (b) If veteran, name war World I  
3. (c) Social Security No. 499 03 4974

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1  
year 1947 hour 3:25 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from February  
3, 1947 to April 1, 1947;  
that I last saw him alive on April 1, 1947;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race negro  
6. (a) Single, widowed, married, divorced separated  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: February 8, 1890  
(Month) (Day) (Year)

Immediate cause of death  
INTRACRANIAL TUMOR, TYPE UNDETERMINED.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
57 1 24 hr. \_\_\_\_\_ min.

Major findings:  
Of operations no operation  
Of autopsy no autopsy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Louisiana (State of)  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Lewis Shepard  
13. Birthplace Louisiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Elisa Gibson  
15. Birthplace Louisiana  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 0  
23. Signature L. C. Silvers (M. D. or other)  
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 4/2/47

16. (a) Informant Registrar, Vet. Adm. Hospital,  
Jefferson Barracks 23, Missouri  
(b) Address \_\_\_\_\_  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/47  
(Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery  
18. (a) Signature of funeral director Gates Funeral Service  
(b) Address 4107 Finney, St. Louis, Missouri  
19. (a) 4-7-47 (Date received local registrar)  
(b) Cecil C. [Signature] (Registrar's signature)

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

APR 22 1967

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.....

..... Thomas J. Gates ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Thomas J. Gates* .....

Licensed Embalmer No. 4259

P. O. Address 4107 7th

**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.