

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39046

State File No.

1003

Registrar's No. 0779

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 5400 Arsenal St. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle)	c. (Last) SHEPHERD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH March 5, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Franklin Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Shepherd	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late Rose Shepherd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Shepherd	ADDRESS 4047 Hartford St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1948x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HSE 2
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22. I hereby certify that I attended the deceased from Oct. 25, 1948, to Nov. 14, 1950, that I last saw the deceased alive on Nov. 14, 1950, and that death occurred at 11:55pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Hartman M.D.</u>	(Degree or title)	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 11/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 18, 1950	24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	24d. LOCATION (City, town, or county) (State) Robertsville, Mo.
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DATE REC'D BY LOCAL REG. NOV 17 1950	REGISTRAR'S SIGNATURE <u>J. B. Fasaler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS 4228 S. Kingshighway Bl.
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.
Edwin A. M. Bennett

Licensed Embalmer No.

P. O. Address.....

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.