

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 8 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1643

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (In this place) 4 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) 59 TOWN WEBSTER GROVES	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 627. SUNNYSIDE AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE ALLEN SHEPARDSON b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEB - 19 - 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG - 19 - 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTOM DEPT		10b. KIND OF BUSINESS OR INDUSTRY U. S. A. Retired		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE J. SHEPARDSON		13b. MOTHER'S MAIDEN NAME FRANCES LANGFORD	
14. NAME OF HUSBAND OR WIFE EDITH SHEPARDSON		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 ROSINA SHEPARDSON		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy</u> DUE TO (c) <u>P.O. prostatic Resection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>610X</u>	
22. I hereby certify that I attended the deceased from <u>2-15, 1952</u> , to <u>2-19, 1952</u> that I last saw the deceased alive on <u>2-19, 1952</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Otto Milbaler</u>		23b. ADDRESS <u>220 Univ. Club Bldg.</u>		23c. DATE SIGNED <u>2-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>FEB-22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA Crem</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Parker - Aldrich Fun Home</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 21 1952</u>		ADDRESS <u>Webster Groves</u>		ADDRESS <u>Webster Groves</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Peter Grona 71*

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.