FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23416

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 59a Registrar's No. 1686

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berkeley City
c. LENGTH OF STAY (In this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Retreat

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 54 T
d. STREET ADDRESS (If rural, give location): 3517a Cambridge Ave

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle):
c. (Last): SHEPHARD

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-13-1879
9. AGE (In years last birthday): 73 | If under 1 year: Months 6, Days 3 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): St. James, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Watson
13b. MOTHER'S MAIDEN NAME: Julia (Unknown)
14. NAME OF HUSBAND OR WIFE: William W. Shephard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alwilda Zoellner, 7327 Commonwealth

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterial Sclerosis. Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Age

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: 332 X
20. AUTOPSY? YES ☐ NO ☒

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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1953, to June 16, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Elaine B. Alford (Degree or title) M.D.
23b. ADDRESS: University Clinics Building St. Louis
23c. DATE SIGNED: 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 6-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory
24d. LOCATION (City, town, or county) (State): 3211 Sublet Ave., City

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Herbert R. Stark M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAY B. SMITH, Maplewood, Mo.

(License of Embalmer's Statement on Reverse Side)

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 H. A. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.