

FILED OCT 30 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37594**  
**10083**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3421 Walnut 2189</b>	
3. NAME OF DECEASED (Type or Print) <b>William Shephard</b>		b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 21 53</b>	5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Oct. 1, 1899</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labourer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Howard Laundry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Louisiana</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Berry Shephard</b>	13b. MOTHER'S MAIDEN NAME <b>unknow</b>	14. NAME OF HUSBAND OR WIFE <b>Maggie Shepherd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-01-3877</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Primus</b> ADDRESS <b>759 Beard</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>331X</b>	
22. I, hereby certify that I attended the deceased from <b>Oct 1, 1953</b> , to <b>Oct 21, 1953</b> , that I last saw the deceased alive on <b>Oct 21, 1953</b> , and that death occurred at <b>1:00P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Clare B. Kane M.D.</b>		23b. ADDRESS <b>706 Walton</b>	23c. DATE SIGNED <b>10-22-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>OCT 22 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Howe</b> ADDRESS <b>1221 N. Grand</b>	

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.....  
Signature of Student Embalmer

Signed *Gupton Swan*

Licensed Embalmer No. *4580*

P. O. Address *1221 1/2 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.