

STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1955

State File No. 6507  
1003 Registrar's No. 1635

BIRTH NO. 19241-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hospital		d. STREET ADDRESS (If rural, give location) 2269 1/2 a Benton St.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Shepherd			4. DATE OF DEATH (Month) (Day) (Year) 2 19 55		
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5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH 2-18-55		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min. 21	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Alfred Henry Shepherd		13b. MOTHER'S MAIDEN NAME Helen Alice Miller		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. A. Shepherd 912 1/2 Benton St.		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Atelectasis				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Atelectasis					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7620	
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22. I hereby certify that I attended the deceased from 2-18-55 to 2-19-55 that I last saw the deceased alive on 2-19-55, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 1930 Lindell Blvd. St. Louis		23c. DATE SIGNED 2-19-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/20/55		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery St. Louis Co. Mo		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. FEB 21 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		FEDERAL DIRECTOR'S SIGNATURE Robert D. Fenally 222 1/2 St. Louis		ADDRESS	
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m-jrb. (Licensed 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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4053

P. O. Address Abbeville

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.

*Feb 19-55*