

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012303

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2762

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS MO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS MO</u>		c. CITY OR TOWN <u>PINE LAWN ST LOUIS MO</u>	
40 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO PACITOP</u>		27 d. STREET ADDRESS (If outside, give location) <u>6567 PENNY</u>	

3. NAME OF DECEASED (Type or print) <u>SHEPARD, ANNA EVELYN</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>F-1</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10018-1909</u>		9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DAVID HILL</u>		13b. MOTHER'S MAIDEN NAME <u>IDA SANDERS</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH M. SHEPARD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>496-22-7995</u>	17. INFORMANT Address <u>JOSEPH M. SHEPARD, 6507 PERRY AVENUE</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u> <u>?</u> <u>?</u>
DUE TO (b) <u>ARRHYTHMIC FIBRILLATION</u>		
DUE TO (c) <u>MYO CARDIAL INFARCTION</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>EMBOLISM LEFT ILIAC ARTERY</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS, MISSOURI</u>
21. I attended the deceased from <u>MARCH 6 1958</u> to <u>MARCH 7 1958</u> and last saw her alive on <u>MAR 7, 1958</u> Death occurred at <u>MARCH 7, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>John T. Anderson MD</u> (Degree or title)	22b. ADDRESS <u>1504 So Grand</u>	22c. DATE SIGNED <u>3/8/58</u>

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-10-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
24. FUNERAL DIRECTOR <u>STOCK MORGUARY, 2117 E. GRAND BLDG.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>MAR 8 '58</u>	26. REGISTRAR'S SIGNATURE <u>J Earl Smith MD</u> <u>USA</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 9 '969

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 *Paul A. Wachtel*

Licensed Embalmer No. *4787*
P. O. Address *St Louis Mo*

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.