22682-a

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22682-a

1. PLACE OF DEATH

County .... Registration District No. 791 .... File No. ....

Township St Louis .... Primary Registration District No. 11003 .... Registered No. 8680

City St Louis (No. City Hospital #2 St. .... Ward)

2. FULL NAME George Shepherd

(a) Residence. No. 4249 Easton St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male · 4. COLOR OR RACE: Col. · 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20, 1928
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17. I HEREBY CERTIFY, That I attended deceased from 6/18, 1928, to 6/20, 1928, that I last saw him alive on 6/20, 1928, and that death occurred, on the date stated above, at 5:40 P. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1881	THE CAUSE OF DEATH* was as follows: Cerebral Hemorrhage Apoplexy 82 A
7. AGE: Years 46, Months 6, Days 10. If LESS than 1 day, ...hrs. or ....min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	Obsv. (duration) ....yrs. 5 mos. ....ds. CONTRIBUTORY (SECONDARY) 74A (duration) ....yrs. ....mos. ....ds.
9. BIRTHPLACE (CITY OR TOWN) Marietta, (STATE OR COUNTRY) Georgia	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known
PARENTS 10. NAME OF FATHER Lewis Shepard	Did an operation precede death? no Date of
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia	Was there an autopsy? no What test confirmed diagnosis? Clinical
12. MAIDEN NAME OF MOTHER Unknown	(Signed) V. B. Howell, M. D. , 19 (Address) City Hosp. #2
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14. INFORMANT Anna F. Woodard (Address) City Hospital #2	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park · DATE OF BURIAL 6/24 1928
15. FILED AUG 27 1928, 19 Max C. Starkloff, REGISTRAR	20. UNDERTAKER W. Richter 3500 · ADDRESS Rutger

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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