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

Do not use this space.

2914

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 362

City St. Louis (No. 4943 PERSHING St. ..... Ward)

2. FULL NAME John Foster Shepley

(a) Residence. No. 4943 Pershing Blvd St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Sarah Hitchcock Shepley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71		3	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) BANKER

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John R. Shepley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Portland
(STATE OR COUNTRY) Maine

12. MAIDEN NAME OF MOTHER Mary Clapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY) Penna

14. INFORMANT John R. Shepley
(Address) St. Louis Country Club Grounds, Clayton

15. FILED JAN 13 1930 Carl C. Harden Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Jan 11, 1930 that I last saw him alive on Jan 11, 1930, and that death occurred, on the date stated above, at 12.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy due to hemorrhage in brain

82A

97 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) general arterio-sclerosis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Fischel, M. D.

Jan 12, 1930 (Address) 3720 Washington

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bellefontaine	Jan 13 1930

20. UNDERTAKER	ADDRESS
Wagoner	3621 Olive

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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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD