

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

Do not use this space.

6330

**1. PLACE OF DEATH**

County ..... Registration District No. 1701  
Township ..... Primary Registration District No. 1701  
City St. Louis (No. Mo. Baptist Hospital)

File No. ....  
Registered No. 1414  
St. .... Ward)

**2. FULL NAME** Mr. Sheppard, J. RUSSELL SHEPPARD

(a) Residence, No. 7008 Kingsbury St. 12 Ward. St. Louis 00. Mo.  
(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**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1975  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 140  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Insurance  
10. Date deceased last worked at this occupation (month and year) 1982 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wardsville, Canada (STATE OR COUNTRY) 5

13. NAME Wm. Henry Sheppard

14. BIRTHPLACE (CITY OR TOWN) Tipperary, Ireland (STATE OR COUNTRY) 150

15. MAIDEN NAME Margaret Sparling

16. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY) 5

17. INFORMANT Ms. J. R. Sheppard (ADDRESS) 7008 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE Feb. 13, 1932

19. UNDERTAKER Alexander and Sons (ADDRESS) 1825 Delmar Blvd

20. FILED FEB 13 1932 May C. Staveland Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Feb 11, 1932

I last saw him alive on Feb 10, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary infarction Date of onset Feb 7 1932

9413 94 B

Other contributory causes of importance: Coronary artery sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? EKG Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury D  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Samuel B. Grant, M. D.  
(Address) 3720 Washington Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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