

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

Do not use this space.

NOV 9 1935

33945

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** No. **Section of the River** St. Ward)

File No. **8356**

Registered No.

2. FULL NAME

John Shepers
 (a) Residence, No. **4434 Bunker Blvd** St. **7** 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

3. SEX M	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Probst Shepers		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1849		
7. AGE 86	YEARS 8	MONTHS 0
	DAYS 29	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe factory		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Holland

13. NAME
William Shepers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Holland

15. MAIDEN NAME
Dina Oldens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Holland

17. INFORMANT (ADDRESS)
John Probst
4434 Bunker Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE
Cathary DATE
Oct 7 1935

19. UNDERTAKER (ADDRESS)
Dobsonburg Malle CO
4740 3rd Street

20. FILED - **5** 1935 19
J. Probst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Oct 5 1935

22. I HEREBY CERTIFY, That I attended deceased from **Oct 3** to **Oct 5**
 I last saw him alive on **Oct 3**, 19**35** Death is said to have occurred on the date stated above, at **11 p.m.**
 The principal cause of death and related causes of importance were as follows:

arterio sclerosis Date of onset **9/8/30**
 Other contributory causes of importance:
arterio sclerosis **9/8/30**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify **arterio sclerosis**
 (Signed) **J. Probst**, M. D.
 (Address) **270 S. Grand**

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.

99 22 2

Dr Felix Barci
3165 S Grand