

SEP 15 1936

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

Do not use this space.

48873

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No.)City Hospital No. 2

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. 22 Ward.

(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.

791

1003

File No.

Registered No.

8428

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

6-21-36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis,
Mo.

FATHER

13. NAME

Harlee Shepard

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

Unknown

MOTHER

15. MAIDEN NAME

Catherine Petty

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

Tenn.

17. INFORMANT
(ADDRESS)Ethel M. Shepard
2945 Lawton18. BURIAL, CREMATION, OR REMOVAL
PLACE

CITY CEMETERY

DATE 8/13/36, 19

19. UNDERTAKER
(ADDRESS)J. P. Hamilton
City Health Dept.

20. FILED

SEP 18 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6-21- 19 36

22. I HEREBY CERTIFY, That I attended deceased from
6-21- 1936, to, 19.....I last saw h..... alive on, 19..... Death is said
to have occurred on the date stated above, at 6-45m A. M.
The principal cause of death and related causes of importance were as follows:Stillborn

Date of onset

Prematurity.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

28. 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

(Signed)

(Address)

J. Owen Blache
2945 Lawton

, M. D.

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.

WRITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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