

DEC 13 1937

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

39503
Do not use this space.
10490

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 10003
(c) City St. Louis (d) Street No. 2227 College Avenue Registered No. 10490
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

LOUIS SHEPACH,
(a) Residence, No. 2227 College Avenue St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 91 0 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Oiler City
9. Industry or business in which work was done, as saw mill, bank, etc. Employe
10. Date deceased last worked at this occupation (month and year)..... (f. Total time (years) spent in this occupation.....) retired 20 yrs.

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

13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Frank Shepach
4213 Garden Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Nov. 13, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. FILED NOV 12 1937 19 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Nov, 1937.
I last saw him alive on Nov 11, 1937. Death is said to have occurred on the date stated above, at 12:40 P. M.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Senility

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.....

(Signed) Aloysius A. Wild, M. D.

(Address) 3901 W. Florissant

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.

STATEMENT BY LICENSED EMBALMER

I, William G. Buckholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buckholz L. E.

No. _____ or by _____, Registered Apprentice No. 2110

working under my personal supervision.

Signed William G. Buckholz

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)