

NOV 12 1939

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

34681  
Do not use this space.

9219

4:15 pm  
791  
1003

1. PLACE OF DEATH

(a) County Missouri Registration District No. 1

(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

(c) City St. Louis (d) Street No. 1813 a Cass Registered No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 7 yrs. 7 mos. (f) How long in U. S., if of foreign birth? 78 yrs.  mos.  da.

2. PRINT FULL NAME MARY SHEPHERD 163

(a) Residence, No. 1813 a Cass Ave. St. 26  
(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Shepherd Dead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 9 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as 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) Germany

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ella Shepherd  
1813 a Cass Ave.

18. BURIAL (CITY OR TOWN) (STATE OR COUNTRY) Central Cemetery  
PLACE St. Louis Mo. DATE Oct. 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CENTRAL UND. CO  
1841 Cass Ave

20. FILED OCT 28 1939 J. F. Budick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1939 to Oct 27 1939  
I last saw her alive on Oct 27 1939. Death is said to have occurred on the date stated above, at 4:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
cerebral hemorrhage (apoplexy) Date of onset Oct 27 1939

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) George Mueller, M. D.  
(Address) 9502 St. Louis

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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**