

FILED MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1118a Gano Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Birth
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0009
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1118a Gano Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Sheppard

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Sheppard 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 29, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 14 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Anthony Schlueter
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Maschick
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Sheppard
(b) Address 1118a Gano Ave

17. (a) Burial (b) Date thereof 4/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) App 15 1941 (b) J. W. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month A pril day 12,
year 1941 hour 4:45 PM minute..... M.

21. I hereby certify that I attended the deceased from April 6, 1941, to April 12, 1941;
that I last saw her alive on April 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia from hiatal hernia - embolus
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 106

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature J. W. Brueck (M. D. or other)
Address 1918 East Fair Ave Date signed.....

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.....

Ronald Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

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, fact should be so stated above.