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FILED OCT 18 1941  
791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7208

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: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Henny Shepack

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Shepack 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 13th, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 23 hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name ? Jensen  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ch. Shepack  
(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 9-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Provost Und. Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) SEP 5 1941 (b) J. P. Bredbeck  
(Date received for local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Route #10 Ferguson N.R. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box #832  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd.  
year 1941 hour 7.30 minute A. M.

21. I hereby certify that I attended the deceased from June 22, 1941 to Sept. 3rd, 1941  
that I last saw her alive on September 3rd, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 mo.  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Coronary Thrombosis 4 hrs.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

Walter H. Spoeneman M.D.  
What type of physician? (M. D. or other) \_\_\_\_\_

23. Signature Walter H. Spoeneman (M. D. or other)  
Address 1506 St. Louis Date signed 9/4/41

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

W. X. Gueneman  
1-2  
Ce 1638  
1506 St Louis Ave

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.