

S. No. 2  
M-9-4-41  
5-1-73

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11409

State File No. ....

Registrar's No. 624

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

96  
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FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 703 1/2 Natural Bridge

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis

(d) Street No. 4131 Clay

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dorothy M. Hepburn

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 21 1900

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri

10. Usual occupation Railroad Clerk

11. Industry or business Mo. Pac R. R.

MOTHER FATHER { 12. Name George Hepburn

13. Birthplace St. Louis Missouri

14. Maiden name Anna Chalcraft

15. Birthplace St. Louis Missouri

16. (a) Informant Garden V. Hepburn

(b) Address 4261 Farlin Ave.

17. (a) Burial (b) Date thereof 3-17-43

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) MAR 17 1943 (b) Elton E. Curran

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 19 1942 to 3-15-43 that I last saw her alive on 3-12-43 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease  
CARDIAC DECOMPENSATION 5 M.

Due to RHEUMATIC HEART D. 30 years

Other conditions \_\_\_\_\_

Major findings: gsl

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature R. P. ... (M. D. or other) \_\_\_\_\_

Address 114 Mo. Theatrical Bldg Date signed 2-11-43

Rubling  
Mr. Shelton

MAY 12 1943

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 Sheldon Collier

Licensed Embalmer No. 3382

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, fact should be so stated above.