

APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3644

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:
1514 McCausland Ave.
 (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..... Infant Shepherd

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... Female 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 17 1943
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12 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..... Raymond D. Shepherd

13. Birthplace..... Monnett Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name..... Ruth Miller

15. Birthplace..... Paris Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Raymon D. Shepherd
 (b) Address..... 1514 McCausland Ave.

17. (a) Burial..... (b) Date thereof..... Apr. 18, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New SS. Peter & Paul

18. (a) Signature of funeral director..... Arthur - Beng Montuany
 (b) Address..... 2842 Meramec St.

19. (a) APR 19 1943 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1514 McCausland Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 18th
 year..... 1943 hour..... 3 minute..... A. M.

21. I hereby certify that I attended the deceased from..... 4.17.43
, 19....., to..... 4.18.43 19.....;
 that I last saw h..... alive on..... 4.17.43 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Premature infant 8 mo

Due to.....

Due to.....

Other conditions..... Spina Bifida
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

Duration

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)

(c) Means of injury.....

23. Signature..... J. F. Bredeck (M. D. or other) med
 Address..... 2602 St. Charles Pl. Date signed..... 4.19.43

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.

No Embalming
Signed..... *Joe D. Benz*.....
Licensed Embalmer No. *4249*.....
P. O. Address..... *2842 Meramec St.*
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.