

FILED FEB 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 000

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 hours, 10 min
(Specify whether _____)
In this community _____
years, months or days

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. 6450 Lindenwood
(If rural, give location) 14
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Brown Shepard
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-09-3146

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
year 1944 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from 1-10-44
19____ to 1-11-44 19____
that I last saw him alive on 1-11 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ava Brown Shepard
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased: August 24 1901
(Month) (Day) (Year)

Immediate cause of death myocardial infarction
Due to coronary occlusion
Due to _____
Other conditions Obesity
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy Above
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
42 4 17 hr. _____ min.

9. Birthplace Hickman County, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Manager

11. Industry or business Sugar Creek Creamery
12. Name Wm. Thos. Shepard
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Annie Lancaster
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ave Shepard
(b) Address 6450 Lindenwood, St. Louis, Mo
17. (a) Burial (b) Date thereof 1-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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 A. J. Abney (M. D. or other) _____
Address 600 S. Kings Highway Date signed 1/22/44

(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director C. HOFFMEISTER UND & LIVERY CO.,
(b) Address 6464 Chippewa, St. Louis, Mo
19. (a) JAN 13 1944 J. J. Brebeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Louis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No..... *3871*.....

P. O. Address..... *7814 S Broadway*.....

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.