

FILED NOV 1 1944  
818

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32824

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

2952

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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **13 days**  
(Specify whether  
In this community..... **22 years**  
years, months or days)

3. (a) PRINT FULL NAME..... **Petrina Shepherd**

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

4. Sex..... **3 Fem** 5. Color or race..... **Col** 6. (a) Single, widowed, married, divorced..... **2 divorced widow**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Nov 18 1944**  
(Month) (Day) (Year)

8. AGE: Years..... **59** Months..... **10** Days..... **19** If less than one day..... hr..... min.

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

10. Usual occupation..... **Nil**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Pete Hereford**  
13. Birthplace..... **Miss**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Susie Alexander**  
15. Birthplace..... **Miss**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Susie Anderson**  
(b) Address..... **1108 S. Compton**

17. (a) **Burial** (b) Date thereof..... **10/3/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Washington Park**

18. (a) Signature of funeral director..... **J. T. Brewer**  
(b) Address..... **3517 Saeledore**

19. (a) **OCT 27 1944** (b) **J. T. Brewer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County.....  
(c) City or town..... **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **1108 S Compton**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct** day..... **18**  
year..... **1944** hour..... **5** minute..... **50** A.M.

21. I hereby certify that I attended the deceased from  
**October 5, 1944** to **October 18, 1944**  
that I last saw her alive on **October 18, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Diabetic Gangrene of Rt Leg**  
**Pulmonary Infarction**  
Duration  
**Indef**  
**6 hrs**

Due to.....  
Due to..... **61**  
Other conditions.....  
(Include pregnancy within 3 months of death)

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?

(Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature..... **J. T. Brewer** (M. D. or other)  
Address..... **2601 N Whittier** Date signed..... **10-19-44**

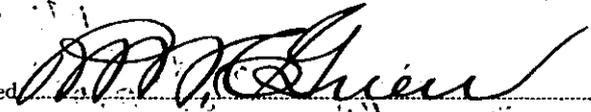
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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



Licensed Embalmer No. 1173

P. O. Address 3517 Locke Ave

**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.**