

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

8204

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.
Registrar's No. 2745

FILED APR 13 1945
318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____

(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4014 South Grand Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
35 years

In this community _____
35 years
(years, months or days)

3. (a) PRINT Alta Shepard
FULL NAME

3. (b) If veteran, _____ 3. (c) Social Security
name war none No. none

4. Sex female / 5. Color or
race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. March 18 1880
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>65</u> | <u>0</u> | <u>8</u> | _____ hr. _____ min. |

9. Birthplace _____ Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation housework
at home

11. Industry or business _____

12. Name William Stockbale

13. Birthplace _____ Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Julia Adamson

15. Birthplace _____ Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Shepard

(b) Address 4014 South Grand Blvd.

17. (a) burial (b) Date thereof. 3-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) MAR 27 1945 (b) _____
(File received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 0211

(a) State Missouri (b) County 17

(c) City or town City of St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4014 South Grand Blvd. 15
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1945 hour 2:45 minute _____ p. M.

21. I hereby certify that I attended the deceased from 8/31/1942 to 3/26/1945
that I last saw her alive on 3/26/1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis of the

Duration _____

Due to arterio-sclerosis

Due to Diabetes mellitus 2 yrs

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? _____

23. Signature W. J. Debusio (Specify type of physician) _____
Address 140-2 So Grand Date signed 3/27/45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1423

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

Dingel L. Besnyman

.....
Licensed Embalmer No.

4018

P. O. Address

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.