V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26205

FILED JUL 23 1947

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. D35

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Jersey 999
(c) City or town Jerseyville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Barr Place 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME Harriet T. Shephard
3. (b) If veteran, name war No
3. (c) Social Security No. None
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 October (Month) 6 (Day) 1878 (Year)

8. AGE: Years 68 | Months 9 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Jerseyville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
FATHER
12. Name John A. Shephard
13. Birthplace Jerseyville (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Harriet Ely
15. Birthplace Jerseyville (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Carl E. Thatcher
(b) Address Jerseyville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jerseyville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 7-17-47 (Date received local registrar) (b) Cecilia J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 6 — 1947 to July 14 — 1947
that I last saw her alive on July 14 — 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease & Arteriosclerosis	2 mo
Due to Arteriosclerosis & Cholelithiasis	?
Due to	
Other conditions Psychosis, secondary (Include pregnancy within 3 months of death)	2 weeks

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause of 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 Aug. A. Werner M.D. (M. D. or other)
Address Humboldt Bldg. St. Louis 3, Mo. Date signed 7-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.