FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21337

Registration District No. 346 Primary Registration District No. 1003 Registrar's No. 6011

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: ~~4329 Chippewa~~ on arrival at City 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 70 years, 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. 4329 Chippewa, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah E. Sheppard,
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex ~~XXXXXX~~ Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles E.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 5, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Leicester England, (City, town, or county) (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business Unknown
FATHER 12. Name do
13. Birthplace do (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name do
15. Birthplace do (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Greenalsh
(b) Address 4329 Chippewa,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews,
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa.
19. (a) JUL 7 1948 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5 year 1948 hour 7:20 minute A M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis; Arteriosclerosis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? Means of injury
23. Signed (M.D.)
Address Date signed 7/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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.....Jas W Wilkinson

Licensed Embalmer No.....3575

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.