

STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1949

State File No. 25283

BIRTH NO. 53621-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6881

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 060	
b. CITY OR TOWN St Louis, Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital		d. STREET ADDRESS (If rural, give location) 2008 College Ave	
3. NAME OF DECEASED (Type or Print) INFANT		4. DATE OF DEATH August 6, 1949	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH August 5, 1949	
9. AGE (In years last birthday) 11		10. MONTHS 0	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Earl Shepard		13b. MOTHER'S MAIDEN NAME Margaret Fristoe	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME EARL SHEPARD - 2008 COLLEGE		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelactasia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (6 mos) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 139			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7710X			
22. I hereby certify that I attended the deceased from 8/5, 1949, to 8/6, 1949, that I last saw the deceased alive on 8/6, 1949, and that death occurred at 1:42 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard N. Nickerman		23b. ADDRESS 307 S. Euclid	
23c. DATE SIGNED 6 Aug 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AVE 8, 1949	
24c. NAME OF CEMETERY OR CREMATORY FRIEDENS-CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 8 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1167 SHEPARD FUNERAL HOME HAMILTON	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NBT.}embalmed by me, or by _____

Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Merle Shepard
Licensed Embalmer No. 3555

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.