

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22010
State File No. 5003

318 1003

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|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>5 28 9</u> | | d. STREET ADDRESS (If rural, give location) <u>1323 Gimblin St.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Vernon</u> b. (Middle) _____ c. (Last) <u>Sheperd</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6/ 5/ 50</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 7, 1917</u> | |
| 9. AGE (In years last birthday) <u>32</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Finisher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Albert Sheperd</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nell Stewart</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Sheperd</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>WW 2</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Sheperd 1323 Gimblin St.</u> | | | |
| 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) <u>hemorrhage due to gun shot wound of head, self inflicted</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>in automobile in front of</u> DUE TO (c) <u>about 1323 Gimblin Ave</u> II. OTHER SIGNIFICANT CONDITIONS <u>June 5 1950 about 800 am</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>suicide</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>6976X</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>805 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Charles E. Taylor</u> (Degree or title) | | | | 23b. ADDRESS <u>1300 clear</u> | | 23c. DATE SIGNED <u>6/7/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/8/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 7 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Luster</u> | | FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>1389 Union Blvd.</u> | | | |

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

JUL 24 1954

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis Jan*

Licensed Embalmer No. *4053*

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.

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