

FILED JUL 29 1950

THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATH

1003

State File No. 35249
6249
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo		c. LENGTH OF STAY (in this place) Over 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Mary's Hospital				d. STREET ADDRESS (If rural, give location) 2357 Spruce			
3. NAME OF DECEASED (Type or Print) Kate Sheppard			a. (First) _____			c. (Last) _____	
4. DATE OF DEATH July 18, 1950		(Month) _____ (Day) _____ (Year) _____		5. SEX F		6. COLOR OR RACE col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) about 60		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Jackson Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Horraine Shaw		ADDRESS 2357 Spruce	
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) Cerebral apoplexy				INTERVAL BETWEEN ONSET AND DEATH 1 day			
ANTECEDENT CAUSES Hypertension				DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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) _____			
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? 324X			
22. I hereby certify that I attended the deceased from July 15, 1950 , to July 18, 1950 , that I last saw the deceased alive on 7/18, 1950 , and that death occurred at 1 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. Albaugh (Degree or title) _____				23b. ADDRESS 2337 Market		23c. DATE SIGNED 7/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-21-50		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis Ill	
DATE REC'D BY LOCAL REG. JUL 20 1950		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE A. L. Deal ADDRESS Ind. Co. 4303 Delmar			

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

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.....

working under my personal supervision.

~~Student Embalmer No.....~~

Signed.....

Leroy W. Jannister

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton W*

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.