

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10629**
Registrar's No. **2319**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2319					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York		8316					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 330 E. 52nd St.				8			
3. NAME OF DECEASED (Type or Print) a. (First) Frances			b. (Middle) _____			c. (Last) Shepler					
4. DATE OF DEATH (Month) (Day) (Year) March 11, 1951											
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 10, 1889		9. AGE (In years last birthday) 61			
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Campaign Associate			10b. KIND OF BUSINESS OR INDUSTRY YWCA			11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Belas W. Shepler			13b. MOTHER'S MAIDEN NAME Mary E. Wakefield			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. Broyles					ADDRESS 4952 Forest Ave.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure,				MEDICAL CERTIFICATION Kansas City, Mo.			
				ANTECEDENT CAUSES Rheumatic heart disease				INTERVAL BETWEEN ONSET AND DEATH 4+ mos			
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. indefinite							
				DUE TO (b) _____							
				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 checked="" 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? H/OX							
22. I hereby certify that I attended the deceased from Oct 10, 1951 to Mar 11, 1951 , that I last saw the deceased alive on Mar 11, 1951 , and that death occurred at 10:35p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Dee Luter MD (Degree or title)					23b. ADDRESS St. Louis Mo			23c. DATE SIGNED 3/12/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-12-51		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Golden City, Mo.					
DATE REC'D BY LOCAL REG. MAR 1 1951					REGISTRAR'S SIGNATURE J. B. Karsten						
					25. FUNERAL DIRECTOR'S SIGNATURE Fred M. Williams ADDRESS 4535 Washington Blvd						

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

MAY 29 1951

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 me

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed Wm. L. Allen

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.