No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8355

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 470

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1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy Mo
c. LENGTH OF STAY (in this place) 2½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Normandy Osteopathic Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY ~~St Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pine Lawn
d. STREET ADDRESS (If rural, give location) 5324 Hamilton

4141
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3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) E.
c. (Last) Sheppard

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ~~Construction~~
8. DATE OF BIRTH 10-18-1887
9. AGE (In years last birthday) 66 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Eng.
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Roodhouse Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Sheppard
13b. MOTHER'S MAIDEN NAME Neece, Alice
14. NAME OF HUSBAND OR WIFE Effie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME Donald C Sheppard — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 8 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 480 X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Feb 6, 1953, *that I last saw the deceased alive on* Feb 6, 1953, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE H E Kastning (Degree or title) DO
23b. ADDRESS 4167 Lee ave
23c. DATE SIGNED 2/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 2/9/53
24c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEMETERY
24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri

DATE REC'D BY LOCAL REG. 2-9-53
REGISTRAR'S SIGNATURE Herbert R. Dorsh - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BLVD. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed John A. Mlesnar

Signed _____
Student Embalmer

Licensed Embalmer No. 4186

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.