

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11440**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **809**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Fenton 82108	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 504 Union Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Robert c. (Last) Sheppard			4. DATE OF DEATH (Month) (Day) (Year) 3 25 57		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1918	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman..		10b. KIND OF BUSINESS OR INDUSTRY Lumber etc.	11. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Percival Sheppard.		13b. MOTHER'S MAIDEN NAME Annie Irene Taylor.	14. NAME OF HUSBAND OR WIFE Catherine Walter Sheppard		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) W.W. II 363-03-5079	17. INFORMANT'S SIGNATURE OR NAME Catherine Sheppard		ADDRESS Fenton Michigan 504 Union
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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		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion & laceration of Brain due to trauma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		8/104 27	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident A.B. Leach	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wheeler Grocers, St. Louis, Mo.	21c. CITY, TOWN, OR TOWNSHIP 135 (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 24 '57 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto he was driving struck by passenger train

22. I hereby certify that I attended the deceased from **3-24, 1957** to **3-25, 1957**, that I last saw the deceased alive on **3-25, 1957**, and that death occurred at **12:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Richard H. King M.D. (Degree or title)	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 3-25-57
24b. DATE 3-26-1957	24c. NAME OF PERPETRATOR OR CREMATORY St. Louis Co. Oak Grove Crematory	24d. LOCATION (City or town, county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 3/26/57	REGISTRAR'S SIGNATURE Harriet B. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons ADDRESS 7233 Delmar Blvd
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(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300
v. 10.48

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.....
Signature of Student Embalmer.....

Signed.....

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.