

FILED APR 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3699**

S. 300  
r. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS <b>Alverne Hotel-11th &amp; Locust</b>	
3. NAME OF DECEASED (Type or print) First <b>BERTHA</b> Middle <b>M.</b> Last <b>SHEPACK</b>		4. DATE OF DEATH Month <b>Apr.</b> Day <b>17</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sep. 29, 1876</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday) <b>80</b>
11. BIRTHPLACE (City and state or country) <b>Cape Girardeau, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Claus Thiessen</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Lawrence F. Shepack-120 Southarm Dr.</b>		Address <b>Glendale, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extra Circumstantial Hemorrhage;</b> <b>Pulmonary Congestion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture of the Pelvis.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>supper when struck by car at intersection of Grand &amp; Lindell</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY <b>7:40 p.m. 4 16 57</b>		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>12:40 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>James M Kelly Deputy</b>	
22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>4-18-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		23b. DATE <b>4-20-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	
24. FUNERAL DIRECTOR <b>Kriegshauser</b>		25. DATE RECD. BY LOCAL REG. <b>APR 18 '57</b>	
24. FUNERAL DIRECTOR ADDRESS <b>4228 S. Kingshighway</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

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 *Richard W. Storvick*

Licensed Embalmer No. *400*

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

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