

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 02 29 41
State File No.

FILED JUN 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5372**

1. PLACE OF DEATH a. COUNTY 707 N. LEFFINGWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS - MO		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 707 N. Leffingwell 221		e. STREET ADDRESS (If rural, give location) 707 N. Leffingwell	
3. NAME OF DECEASED (Type or Print) SHEPPER		4. DATE OF DEATH (Month) (Day) (Year) 6 6 57	
5. SEX MALE 6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NONE	
8. DATE OF BIRTH 8.22.55		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 10 Days - Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) MOROW. LOUISIANA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME VERGINE TANNER		13b. MOTHER'S MAIDEN NAME MARK TANNER	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME VERGINE TANNER ADDRESS 707 N. LEFFINGWELL	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Card Injury		DUE TO (b) suffered in fall from window to ground below			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) at home on June 6th 1957.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					

19a. DATE OF OPERATION 10		19b. MAJOR FINDINGS OF OPERATION JE902:0 21		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, garage, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO	
21d. TIME OF INJURY June 6 57 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? add	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Keeley Deputy		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-7-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6.8.57		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEP	
24d. LOCATION (City, town, or county) (State) COUNTY MO		25. FUNERAL DIRECTOR'S SIGNATURE W. PEASTON ADDRESS NO. 3615 EAST 10th		DATE REC'D BY LOCAL REG. 6-10-57	

WRITE PLAINLY—USING UNFADEING 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..

Student _____
Signature of Student Embalmer

Signed J. A. Green

Licensed Embalmer No. 296

P. O. Address 4214 Colma

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.