

FILED VS JUL 29 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025715

STATE FILE NUMBER

X

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 113

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TOACHIM		c. CITY OR TOWN 4000 GLENDALE	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL H		d. STREET ADDRESS (If outside, give location) 120 SOUTHARM DR	
3. NAME OF DECEASED (Type or print) First Middle Last ROGER LAWRENCE SHEPACK			4. DATE OF DEATH Month Day Year July 22 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 15, 1941
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) delivery boy		9b. KIND OF BUSINESS INDUSTRY photographic	9c. AGE (In years last birthday) 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) delivery boy		10b. KIND OF BUSINESS INDUSTRY photographic	10c. BIRTHPLACE (City and state or country) St Louis, Mo
10d. CITIZENSHIP (What country?) U. S. A.		11. BIRTHPLACE (City and state or country) St Louis, Mo	
13a. FATHER'S NAME LAWRENCE SHEPACK		13b. MOTHER'S MAIDEN NAME MARIE SAITTA	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 495-445-483		17. INFORMANT LAWRENCE SHEPACK	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) severed posterior 1/3 of cervical spine		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) single car accident. struck bridge.	
20c. TIME OF INJURY Hour Month, Day, Year 4:00 a.m. 7/22/59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway.	
20e. CITY, TOWN, OR LOCATION Valle Twp.		20f. COUNTY STATE Jeff Mo.	
21. I attended the deceased from coroner's view to _____ and last saw her/him alive on _____ Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James R. Fisher M.D. Coroner 3	
22b. ADDRESS Fenton, Mo.		22c. DATE SIGNED 7/22/59	
23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE 7/25/59	
23c. NAME OF CEMETERY OR CREMATORY CALVARY		23d. LOCATION (City, town, or county) (State) St Louis, Mo	
24. FUNERAL DIRECTOR PFITZINGER MORT.		24a. ADDRESS Kirkwood, Mo.	
25. DATE RECD. BY LOCAL REG. 7/23/59		26. REGISTRAR'S SIGNATURE John N. Hall	

JUL 29 1959

DATE RECEIVED
JUL 28 1959

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 *Herbert J. Gau Jr.*

Licensed Embalmer No. *4820*

P. O. Address *Nickwood 22 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.