ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2037 — 61-027874 STATE FILE NUMBER

FILED AUG 3 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Olivette — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10 Covington Meadows — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Dr. Middle: Charles Last: T. Shepherd
4. DATE OF DEATH Month: July Day: 19th, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 28, 1885
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 6 Days 21 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (City and state or country): Quincy Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eliza Shepherd
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Susan E. Shepherd
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.: none
17. INFORMANT: Susan E. Shepherd Address: 10 Covington Meadows Olivette Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2½ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ none
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 31, 1958 to July 19, 1961 and last saw ~~her~~ him alive on July 19, 1961
Death occurred at 6:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry E. Offenheimer, M.D. (Degree or title)
22b. ADDRESS 35 North Central Clayton 5 Mo.
22c. DATE SIGNED July 20, 61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE July 22, 1961
23c. NAME OF CEMETERY OR CREMATORY MT LEBANON
23d. LOCATION (City, town, or county) (State) ST LOUIS Co. Mo.
24. FUNERAL DIRECTOR C.R. Lupton and Sons ADDRESS 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG. 7-20-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

UNTIL 2:30 P.M.

SHEPHERD
CO. VISE

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 Clarence H. Murray

Licensed Embalmer No. 4016

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.