COMPLETED
SEE CORRECTION FILE JUN 18 1957 MINNESOTA DEPARTMENT OF HEALTH 02171 31506

8163 M S Louis

Section of Vital Statistics

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH: STATE OF MINNESOTA
a. COUNTY: St.Louis
b. CITY, VILLAGE OR TOWNSHIP: Duluth
c. LENGTH OF STAY in 1b: 60 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): St.Mary's Hospital
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Minn
b. COUNTY: St.Louis
c. CITY, VILLAGE OR TOWNSHIP: Duluth
d. STREET ADDRESS: 513 East 5th St.
POST OFFICE
e. IS RESIDENCE INSIDE CORPORATE LIMITS? ☒ YES ☐ NO
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or Print): Edward George Shepard
4. DATE OF DEATH (Month, Day, Year): Jan.12,1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar.22,1872
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months, Days / IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): account clerk
10b. KIND OF BUSINESS OR INDUSTRY: Public Utilities
11. BIRTHPLACE (State or foreign country): Muskegon,Mich
12. CITIZEN OF WHAT COUNTRY? Usa
13a. FATHER'S NAME: Joseph Shepard
13b. MOTHER'S MAIDEN NAME: Rachael Stuart
14. SPOUSE'S NAME: Katherine Cusick Shepard
5400
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SpanishAmerican
16. SOCIAL SECURITY NO.: 469 24 5806
17. INFORMANT'S OWN SIGNATURE: Kathleen Shepard
ADDRESS: Duluth,Minn.

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): Post operative shock —
INTERVAL BETWEEN ONSET AND DEATH: 7 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with renal failure after
Old Ulcer
DUE TO (c): operation for pyloric obstruction
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. DATE OF OPERATION: Had
20b. MAJOR FINDINGS OF OPERATION: 2 operations 1st about Nov 28 Second operation Jan 9 etc
20a. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20b. TIME OF INJURY: Hour a.m. p.m. Month Day Year
20c. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE OR TOWNSHIP COUNTY STATE
21. I certify I attended the deceased from .... 19 ... to .... 19 ... and that I last saw the deceased alive on .... 19 ... and that death occurred at ... on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: A. Dupuis MD (Degree or title)
22b. ADDRESS: Duluth
22c. DATE SIGNED: 1/14/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 16,1957
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, village or county): Duluth,Minn.
24. DATE FILED BY LOCAL REG.: JAN 18 1957
25. REGISTRAR'S SIGNATURE: [signature]
26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR: F.A. Dougherty
Dougherty Funeral Home
ADDRESS: 427 Duluth,Minn.

< MARGIN RESERVED FOR BINDING

Signature of Sub-Registrar .... , 19 ...

Burial or removal permit issued

I hereby certify that I have compared the foregoing papers with the original recorded in my office, and that it is a true and correct copy of said original.

Dated: JAN 04 1994

Court Administrator

By S. Porter Deputy