

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

41330

File No. \_\_\_\_\_  
 Registered No. **12005** St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City St. Louis (No. 4457 Westminster)

**2. FULL NAME** George Sauby Mephram

(a) Residence. No. 4457 Westminster Ward. 19  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Mephram

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 # 13

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Retired 10 years  
 (b) General nature of industry, business, or establishment in which employed (or employer) Paint & Color manufacturer  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo -

10. NAME OF FATHER Michael S. Mephram

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Maria Glass

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs Elizabeth Mephram  
 (Address) 4457 Westminster

15. FILED Nov 23 1930 Max C. J. Dwyer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1928, to Dec 24, 1930, that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arteriosclerosis  
hypertension  
97 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arteriohypertensive  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) L. K. Kemp M.D.

12/24, 1930 (Address) 676 Westport Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL Dec 27 1930

20. UNDERTAKER C. R. Lupton ADDRESS 4249 Olive St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Levinson & Co.

2030

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