

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME HAMPDEN D. MEPHAM.

8. (b) If veteran, name war unknown 8. (c) Social Security No. none.

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Edith K. Mepham. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 29th 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 28 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business John Swift Co. 720

12. Name H. D. Mepham, Sr. 020

18. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Fidella Ludington.

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Swift.

(b) Address # 29 Brentmoor, Park

17. (a) Intombment (b) Date thereof 12/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. LUPTON & SONS.

(b) Address 7233 DELMAR, BLVD.

19. (a) DEC 27 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2608 Gurney,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1940 hour 4 00 minute 2 M.

21. I hereby certify that I attended the deceased from Oct. 7, 1940, to Dec. 26, 1940,  
that I last saw him alive on Dec. 25, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia right (Post-op) Duration 5 days  
Uremia " " " "  
Toxemia " " " "  
Due to myocarditis, chronic - ?  
Hypertension  
Due to arteriosclerosis  
tuberculous pyomyositis, right - ?  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Nephrectomy, right done  
& kidney removed flame  
tuberculous pyomyositis  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. T. Bayubert (M. D. or other) \_\_\_\_\_  
\*Address 3720 Washington Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-33 { Rank 1770 in }  
JE 4515 Newman  
FR 8515 Oombert

421  
901

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Bradford A. Miles  
Licensed Embalmer No. 2901  
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 this body is not embalmed, above space should be left blank.**