

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42952

FILED JAN 20 1942
Registration District No. 73

Primary Registration District No. 106

Registrar's No. 65

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
326 E. Argonne Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
Life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 326 E. Argonne Dr.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th
year 1942 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from
Sept 26 1941 to Jan 8 1942
that I last saw her alive on Dec 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Cardiac Dil.
Due to Cholelithiasis
Chronic Myocarditis
Due to _____

Other conditions
(Include pregnancy within 3 months of death) 934

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(b) Means of injury _____
23. Signature Walter B. Best M.D.
Address 6635 Delmar Date signed 1-8-42

3. (a) PRINT FULL NAME MINETTE T. MEPHAM
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife William G. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 16, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 22 _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Wm. Vollmer
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Aulderheide
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Davis
(b) Address 326 E. Argonne
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/10/42
(Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) JAN 10 1942 (Date received local registrar)
(b) G. M. Harrison (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
Raymond L. Morris....., Registered Apprentice No. *290*
working under my personal supervision.

Signed *Jos. McCulloch*.....
Licensed Embalmer No. *2460*
P. O. Address *6170 Delmas*
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, fact should be so stated above.