

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43124**
Registrar's No. **11010**

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY 2129	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) DOWN		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		d. STREET ADDRESS (If rural, give location) 4515 LINDELL BLVD.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) C			c. (Last) LEPPER.			4. DATE OF DEATH (Month) (Day) (Year) DEC. 11, 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 25, 1870		9. AGE (In years last birthday) 81		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) Marine Surveyor, Retired.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Napoleon, Indiana.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William C. Lepper, Sr.,			13b. MOTHER'S MAIDEN NAME Mary Evans.			14. NAME OF HUSBAND OR WIFE Edna B. Lepper.		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 272-12-3634a		17. INFORMANT'S SIGNATURE OR NAME Edna B. Lepper, 4515 Lindell Blv'd.,		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH ab 2 hrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pneumonia & pulm edema					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Frontal Lobectomy (craniotomy) and generalised arteriosclerosis					
		DUE TO (c) 355X					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION frontal lobectomy for intolerable pain due to old aneurysm				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall	
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22. I hereby certify that I attended the deceased from **May 7, 1951**, to **12-11, 1951**, that I last saw the deceased alive on **12-11, 1951**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

22a. SIGNATURE Julus Jensen		(Degree or title)		23b. ADDRESS 3720 Washington St. St. Louis		23c. DATE SIGNED 12/12/51	
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24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE Dec. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Crematory, Cincinnati, Ohio		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL HEALTH DEPT. DEC 12 1951		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd;	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

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, fact should be so stated above.