

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44196

State File No.

Registrar's No. 11190

FILED FEB 8 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Mo. 300
50-48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	
c. LENGTH OF STAY (in this place) 17		d. STREET ADDRESS (If rural, give location) 10500 Highway 66	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) H. c. (Last) MEPHAM. SR.			4. DATE OF DEATH (Month) (Day) (Year) Dec 16 51		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH MARCH 21, 1889		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Business	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY owner. Trailer Sal	

13a. FATHER'S NAME Edgar A. Mepham		13b. MOTHER'S MAIDEN NAME Anna Stansbury		14. NAME OF HUSBAND OR WIFE Colen Prewitt Mepham	
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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. 489-05-8466		17. INFORMANT'S SIGNATURE OR NAME Allen H. Mepham, Jr.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-diaphragmatic abscess		INTERVAL BETWEEN ONSET AND DEATH one week	
ANTECEDENT CAUSES		DUE TO (b) Perforated cystic duct		one week	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Acute cholecystitis		Two weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 12/7/51		19b. MAJOR FINDINGS OF OPERATION Acute cholecystitis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 385X	

22. I hereby certify that I attended the deceased from 11-30, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. D. Vemillion, M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/16/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 19/51		24c. NAME OF CEMETERY OR CREMATORY Sunset-Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. DEC 18 1951		REGISTRAR'S SIGNATURE J. Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE L. R. Ruyton + Sons	
				ADDRESS 7233 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
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.