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

Do not use this space.

30239

File No. .....

Registered No. 50

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township Central — Primary Registration District No. 4469

City Maplewood (No. 2551, Bridell St., ... Ward)

96 6 8

2. FULL NAME Henrietta Tarpey

(a) Residence, No. 2551 Bredell St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

OCT 29 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Tarpey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME John Ingenbolo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henrietta Tarpey
(ADDRESS) 2551 Bredell

18. BURIAL, CREMATION, OR REMOVAL
Name SS Peter and Paul Cem. DATE Sept. 15, 1932

19. UNDERTAKER Croghan Und. Co. inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED Sept 15, 1932 Mercedes Schuster
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Sept 13, 1932

I last saw him alive on Sept 13, 1932. Death is said to have occurred on the date stated above, at 9:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	8-10-31
131	
950 / 131	
Other contributory causes of importance: ①	
Chronic Nephritis	8-10-31

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) O. N. Upshaw, M. D.

(Address) 3115 So. Grand

N. B.—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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD