

5349
Do not use this space.

1. PLACE OF DEATH REC'D MAR 14 1938
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1994**
(c) City **St. Louis, Mo.** (d) Street No. **Saint Louis Maternity Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Triplet, Rosa**
(a) Residence, No. **2403 North Sarah Street** St. **11** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Triplet, Jackson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 7, 1909**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 Years 0 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **February 21, '38** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canton, Mississippi**

FATHER 13. NAME **Nickson, Jesse**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canton, Mississippi**

MOTHER 15. MAIDEN NAME **McNeal, Jessie**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canton, Mississippi**

17. INFORMANT (ADDRESS) **Jackson Triplet**
2403 North Sarah Street

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Feb. 28, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Charles J. Gales**
4107 Finney Avenue

20. FILED **FEB 24 1938** **J. F. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 22, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **2-22-38**, 19... to ... 19...
I last saw her alive on **2-22-38**, 19... Death is said to have occurred on the date stated above, at **10:15** m.
The principal cause of death and related causes of importance were as follows:

Date of onset **Postpartum Hemorrhage**
Retained placenta
Other contributory causes of importance: **W H**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **H. Hauptman**, M. D.
(Address) **St. Louis Maternity Hospital**

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

 L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)