No. 2
4-13-40
-17-39
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SEP 25 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27379
7275

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Union NR
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles E. Triplett 614
3. (b) If veteran, name war No. SS 499-03-2134
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 18 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	10	hr. min.

9. Birthplace St. James (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name George B. Triplett
13. Birthplace Villa Ridge (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Martha Beasley
15. Birthplace St. Clair (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Mary V. Triplett
(b) Address Union, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) AUG 28 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1940 hour 5:00 minute a. M.
21. I hereby certify that I attended the deceased from Aug 13, 1940, to Aug 28, 1940 that I last saw him alive on Aug 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	4 hrs.
Due to Chronic Nephritis & Hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral Embolus	2 hrs.

Major findings:
Of operations
Of autopsy Confirmed Diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
(e) While at work? (e) Means of injury
23. Signature Stephen W. Nelson (M. D. or other)
Address 506 Missouri Bldg. Date signed 8/28-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....2991

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.