

DEC 13 1941
Registration District No. **784**

Primary Registration District No. **111**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Fiske**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12** hour **5** minute **10 P.** M.
year **1941**
21. I hereby certify that I attended the deceased from **11-14-41** to **12-1-41**, 19**41**

that I last saw him alive on **12-1-41**, 19**41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Carcinoma of left neck, probably metastasized to brain.**
Due to **unknown**

Duration
5 weeks

Other conditions **Myocarditis & Diabetes**
(Include pregnancy within 3 months of death)
Major findings: **biopsy of glands showed metastatic carcinoma**
Of autopsy _____

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

3. (a) PRINT FULL NAME **Dr. Robert F. Tarpley**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma A.** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Aug. 19 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 12 hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business _____

12. Name **Henry Tarpley**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma A. Tarpley**

(b) Address **Fiske, Mo.**

17. (a) **Removal** (b) Date thereof **12-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **DEC 2 1941** (b) **C. H. McCarren**
(Date received local health officer) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **Charles J. Sherry** (M. D. or other)
Address **3726 Washington** Date signed **12/1/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
96
8
6

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..... *Guy W Wilkins*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.

Registration District No. **784**

Primary Registration District No. **117**

Registrar's No. **2437**

1. PLACE OF DEATH:

(a) County **Missouri**
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Dr. Rober. F. Tarpley**

3. (b) If veteran, **No**
name war.....

3. (c) Social Security **X**

4. Sex..... 5. Color or race.....
6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name **Henry Tarpley**

13. Birthplace **Henry County, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Adeline E. Bennett**

15. Birthplace **Hickman Co. Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) **12-2-41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....;

that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER'S NAME

line

JAN 23 1942

S-39518

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.....

P. O. Address.....

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.