

S. No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11807

State File No.

Registrar's No. **3363**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(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. Marys Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Collair

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1032 Tudor
(If rural, give location)

(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Tripplett

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1945 hour 1 minute 50 P.M.

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

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

7. Birth date of deceased: April 13 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 11 1945 to Apr 13 1945
that I last saw him alive on Apr 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Duration _____

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

Due to Eclampsia

Due to 159

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace St. Louis Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Major findings: Rather had a
Of operations Ceasarain section for
or autopsy Eclampsia

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

11. Industry or business _____

12. Name _____

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

14. Maiden name Mary Tripplett

15. Birthplace Ackerman Miss D
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mary Tripplett

(b) Address 1032 Tudor, St. Louis Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation St. George Cem.

18. (a) Signature of funeral director J. F. Bradick

(b) Address 2205 W. 4th St. St. Louis Ill.

19. (a) APR 16 1945 (b) J. F. Bradick
(Date received local orders) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. F. Woodson (M. D. or other) M.D.
Address 930 N. 2nd St. St. Louis Date signed 4/13/45

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.....

not Embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed *J. Marshall*.....

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.