S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY.
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33092

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9083

WRITE PLAINLY—USING 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: Homer G. Phillips 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. 59 mins (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-20

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 216 Carol L 9
(If rural, give location) 23 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jesse Arnett Triplett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 12 (Day) 47 (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. 59 min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ollie Triplett
13. Birthplace Greenwood (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Clara Lucas
15. Birthplace Harris (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Esther M. Sherard, R.R.
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 9-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Kutzer St

19. (a) SEP 30 1947 (Date received local registrar) (b) J. F. Bressack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1947 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from 10:16P.M. 9-11, 1947 to 9:15 A.M., 1947, that I last saw him alive on 9-12-, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature W. H. Sinkes (M. D. or other)

Address 2601 N. Whittier 9-17-47 Date signed

Jefferson City Printing Co.

(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.....

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.