

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25517

State File No. \_\_\_\_\_

43320-56  
FILED JUL 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1587

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>	c. LENGTH OF STAY (in this place) <u>36 H. 43 MIN.</u>	c. CITY OR TOWN <u>RICHMOND HEIGHTS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>RICHMOND HEIGHTS, MO. 6420 CLAYTON RD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>	b. (Middle) _____	c. (Last) <u>TRIPLETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 27, 1956</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>12</u> Days <u>43</u> IF UNDER 24 HRS. Hours <u>12</u> Min. <u>43</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RICHMOND HEIGHTS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>VINCENT TRIPLETT</u>	13b. MOTHER'S MAIDEN NAME <u>LILLIAN CAUSINO</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Triplett</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 H.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>		36 H. 43 MIN.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(1) ATRESIA OF LEFT VENTRICLE</u> <u>(2) ATRESIA OF PROXIMAL AORTA</u> DUE TO (c) <u>(1) MITRAL VALVULAR STENOSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(1) ANOXIC HEMORRHAGE OF EPICARDIUM</u> <u>(2) LUNGS (2) CONGESTION OF LUNGS LIVER</u> <u>(3) WIDENED</u>		36 H. 43 MIN.	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7544</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from JUNE 27, 1956, to JUNE 28, 1956, that I last saw the deceased alive on JUNE 28, 1956 and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George J. Niedermeyer MD</u>	(Degree or title) _____	23b. ADDRESS <u>3923 WATSON RD. ST. LOUIS 9, MO</u>	23c. DATE SIGNED <u>June 28, 1956</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 29 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO</u>
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DATE REC'D BY LOCAL REG. <u>6-30-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>	ADDRESS <u>2906 Travis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

*Not Embalmed*

Signed.....

*Leo J. Budde*

Licensed Embalmer No. *398*

P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.