N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7097

File No.
Registered No. 1977

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 2218a Ohio Avenue St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Edward Charles Tarpy

(a) Residence, No. 2218a Ohio Avenue St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
~~White~~ Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Tarpy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Charles P. Tarpy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Sadie Caskey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Viola Tarpy
(ADDRESS) 2218a Ohio Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE National DATE Feb. 26, 1934

19. UNDERTAKER Schick Bros.
(ADDRESS) 2201 S. Grand Boulevard

20. FILED FEB 26 1934, 19 J. J. Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to Feb 23rd, 1934
I last saw h... alive on Feb 21, 1934. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
124A 1:30	
12441	

Other contributory causes of importance:

Bronchial pneumonia	

Name of operation none Date of
What test confirmed diagnosis? Physical finding & clinical finding Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. H. Gibbons, M. D.
(Address) 3104 South Grand Blvd. St. Louis Mo