No. 2
1-4-41
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X28390

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8922

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2332

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: Enroute to the Hospital 9 City Hosp (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21000

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

(d) Street No. 1947 O'Fallon 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ann Tarpia

3. (b) If veteran, name war ------ 3. (c) Social Security No. ------

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced 0 Single

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

7. Birth date of deceased September (Month) 21 (Day) 1938 (Year)

8. AGE: Years 2 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name Vincent Tarpia

13. Birthplace Unknown (City, town, or county) 4 Italy (State or foreign country)

MOTHER 14. Maiden name Sarah Russo

15. Birthplace Unknown (City, town, or county) 4 Italy (State or foreign country)

16. (a) Informant X Vincent Tarpia

(b) Address X 1947 O'fallon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P Kiel-Son

(b) Address 1150 N. Kingshighway

19. (a) MAR 14 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 10, 1941, to March 12, 1941 that I last saw her alive on March 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 1 day

Due to Streptococcic Tonsillitis Non diphtheretic

Due to

Other conditions (Include pregnancy within 3 months of death) 115 C

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A H Jost (M. D. or other) MD

Address 1901 Madison St Date signed 3/13/41

(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.....Arnold W. Schoen

Licensed Embalmer No.....3864

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.