

FILED JUN 1 1948

Primary Registration District No. 1003

Registrar's No.

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:
St. Mary's Infirmary
 (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 Mo (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1127 N. 24th St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1944 hour 4 minute _____ P. M.
 21. I hereby certify that I attended the deceased from MAY 1,
1944 to MAY 20, 1944
 that I last saw her alive on 5-20- 1944
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Emma Triplet
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 10 1872
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 days
 Due to HYPERTENSION 1943

8. AGE: Years 72 Months 2 Days 10 If less than one day hr. _____ min. _____

Due to CHRONIC NEPHRITIS 1942

9. Birthplace Winston Co Miss.
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Domestic

11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name Adam Gladney ? ?

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

14. Maiden name Emiley ? ?

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

16. (a) Informant Alice Stewart

(b) Address 1127 N. 24th St

17. (a) Removal (b) Date thereof 5-26-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tupelo Miss

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2822 Steffard St

19. (a) MAY 24 1944 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature J. C. Oberhard (M. D. or other) _____

Address 2762a Franklin Date signed 5-23-44

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

MOTHER FATHER

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lonnie Baykins

Licensed Embalmer No. 12010 2946

P. O. Address 12017

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