

No. 2
5-43
-17-39
X36671

27790
FILED JUN 23 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether _____)

In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1212 Benton St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Felix A. Tarpein

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single U
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24 1975 1874
 (Month) (Day) (Year)

8. AGE: Years' 71 Months 7 Days 21 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
 year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 9th
 _____, 1944 to June 15th, 1944
 that I last saw h. im alive on June 15th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to hypertension and arteriosclerosis
cardiovascular disease

Due to _____

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

Major findings: Of operations none Of autopsy refused

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Hardin, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Excavator (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin J. Tarpein
 13. Birthplace France
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown Johnson
 15. Birthplace Fielden, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Tarpein
 (b) Address 1212 Benton Ave.

17. (a) Removal (b) Date thereof June 16, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Knox, City, Mo.

18. (a) Signature of funeral director St. Louis Funeral Home
 (b) Address 2205 St. Louis Ave.

19. (a) JUN 16 1944 (b) J. F. Bradeck
 (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?

 White at work? _____ (Specify type of police) (3) Areas of injury _____

23. Signature W. O. Wade (Name, or other) _____
 Address 1515 Lafayette Date signed 6/16/44

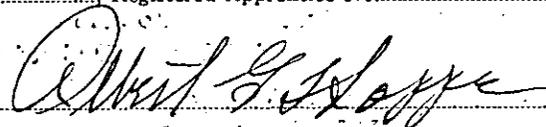
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....



Licensed Embalmer No. 2971

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.