No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33091

FILED OCT 11 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 33091

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 905 N 18th
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 905 N. 18th Street 4
21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME James Triplett
3. (b) If veteran, name war I
3. (c) Social Security No.

4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 1 (Day) 1893 (Year)

8. AGE: Years 54 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Lake Village (City, town, or county) Ark (State or foreign country)
10. Usual occupation Labor
11. Industry or business
MOTHER FATHER
12. Name Ben Triplett
13. Birthplace Ark (City, town, or county) (State or foreign country)
14. Maiden name Seelia Hawkins
15. Birthplace Ark (City, town, or county) (State or foreign country)
16. (a) Informant Charlie Triplett
(b) Address 905 N. 18th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Baricks
18. (a) Signature of funeral director Lowe Funeral Home
(b) Address 2930 Dickson St.
19. (a) OCT 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5 year 1947 hour 10 minute a M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 3
23. Signature (M. D. or other)
Address Date signed 10/6/47

Jefferson City Printing Co. (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Av

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.