No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3154

State File No. 351

Registration District No. FILED JAN 22 1948 318

Primary Registration District No. 1003

Registrar's No.

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 3145 Clay Avenue.,
(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. 3145 Clay Avenue., 9
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rena Tarpley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lee Tarpley

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

7. Birth date of deceased April (Month) 24 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	16	hr. min.

9. Birthplace Rector (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Jabe Gifford
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Rhode Harrigan
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Anita How
(b) Address 3145 Clay Street.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation P. Rectorld, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) JAN 12 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 9, 1948 to Jan 9, 1948 that I last saw her alive on Jan 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

OK P. E. Taylor
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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) 0

While at work? (e) Means of injury

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

Address 4362 Warne Date signed 1/10/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 John S. Dennehy

Licensed Embalmer No. 4194

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.