No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3357

FILED JAN 10 1948

Registration District No.

Primary Registration District No. 3068

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2551 Bredell Ave.
(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 St. Louis 46

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2551 Bredell Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John T. Tarpey

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 20, (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Railroad Switchman, Retired

11. Industry or business Frisco Railroad

FATHER
12. Name Charle Tarpey
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Rush
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Torpey (son)
(b) Address 7700 Thomas Ave R. H.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director M. J. Coughlin
(b) Address 7146 Manchester Ave.

19. (a) 1-9-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1948 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from 12-26, 1948, to Daily, 1948, that I last saw him alive on 12-26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to Senility 93

Due to Prostatitis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

X 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 0

23. Signature Sam D. Wayne (M. D. or other)

Address 1200 So. Big Bend Date signed 1-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1948

JAN 15 1949

JAN 21 1948

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.