

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14227
Registrar's No. 3339

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

23

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUISIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUISIS 179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1610 1/2 PICKER		d. STREET ADDRESS (If rural, give location) 1610 1/2 PICKER 0	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) TRIPLETT		4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 13 1882
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST. LOUISIS MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY YOUNG		13b. MOTHER'S MAIDEN NAME MARTHA SLACK	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MILDRED TRIPLETT 1610 1/2 PICKER	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute Myocarditis DUE TO (c) Influenza II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 40	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 2-14 1/2	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) McClard, J. Mich, D.O.		23b. ADDRESS 1829 S 18 th ST. ST. LOUIS 4 MO.	
23c. DATE SIGNED 4/13/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE APRIL 16 1949		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUISIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 Garret	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 1 4 1949		ADDRESS	

115 D. Line. Lic 636

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Geo. J. Budd

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *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.