

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26004

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6251 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Happapello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1421 Mission Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lannie</u> b. (Middle) <u>Carl</u> c. (Last) <u>Tarpley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 4 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 11 1949</u>
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>0</u>
			12. CITIZEN OF WHAT COUNTRY? <u>Rombauer Missouri</u>
13a. FATHER'S NAME <u>Carl Tarpley</u>		13b. MOTHER'S MAIDEN NAME <u>Almagene Dunegan</u>	14. NAME OF HUSBAND OR WIFE <u>Carl Tarpley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Tarpley 1419 S? Kingshighway</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Drowning</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AM</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 835X 32 111</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Francis Rm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wayne Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 4 1951 9:12 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car ran into river</u>	
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 <u>Marvin E. Bowler</u>		23b. ADDRESS <u>3 Crown Street, St. Louis, Mo</u>	23c. DATE SIGNED <u>7/18/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7 - 8 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rombauer</u>	24d. LOCATION (City, town, or county) (State) <u>Rombauer Missouri</u>
DATE REC'D BY LOCAL REG. <u>JULY 23rd 1951</u>	REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Lenoir Puxie, Mo.</u>	

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

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RECEIVED

JUL 24 1951

WAYNE CO. HEALTH CENTER

FILE No. ~~JUL 2 1951~~  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Walter Marsh Withers

Licensed Embalmer No. 4717

P. O. Address Deerfield, 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.