.S. No. 300
EV. 10.48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31918

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8547

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

1. PLACE OF DEATH
a. COUNTY: St. Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillip Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2119
d. STREET ADDRESS (If rural, give location): 4269 W Kennerly Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Burness XXXXXXXX
b. (Middle):
c. (Last): Triplett

4. DATE OF DEATH (Month) (Day) (Year): Sept 24.1951

5. SEX: Male 2
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Sept 24 1917
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Mississippi /
12. CITIZEN OF WHAT COUNTRY?: Yes

13a. FATHER'S NAME: Neal Triplett
13b. MOTHER'S MAIDEN NAME: Bessie Hordge
14. NAME OF HUSBAND OR WIFE: Mrs Savola Triplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Savola Triplett 4269 w Kennerly

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): External hemorrhage following stab wound of neck; suffered
ANTECEDENT CAUSES — DUE TO (b): when stabbed with knife in hands of one Hen Haley - (col)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c): in front of home 4481 a Evans Ave., about 650 pm Sept 24 1951.

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: Justifiable Homicide
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 24 51 6 50 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E982X

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 815 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E Taylor Coroner 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 9.27.51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/1/51
24c. NAME OF CEMETERY OR CREMATORY: Jefferson Brk
24d. LOCATION (City, town, or county) (State): Jefferson Brk Mo.

DATE REC'D BY LOCAL REG.: SEP 27 1951
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Herman J. Smith 4247/w Labadie Ave

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4341

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.