

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14929
State File No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3978**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis		d. STREET ADDRESS (If rural, give location) 1639 Cleveland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				4. DATE OF DEATH (Month) (Day) (Year) April 13 1956			
3. NAME OF DECEASED (Type or Print) a. (First) Rosie		b. (Middle) C.		c. (Last) Triplett		5. SEX Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 16, 1901		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Grenada, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Davis		13b. MOTHER'S MAIDEN NAME Mary Parker		14. NAME OF HUSBAND OR WIFE Lee Triplett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Triplett 232 R Slough Rd Venice, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma of liver				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)			
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		1561		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 3/29 , 19 56 , to 4/13 , 19 56 , that I last saw the deceased alive on 4/13 , 19 56 , and that death occurred at 6 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert A. ...				23b. ADDRESS 501 Madison Slough, Ill.		23c. DATE SIGNED 4/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/56		24c. NAME OF CEMETERY OR CREMATORY Douglas		24d. LOCATION (City, town, or county) (State) Washington Park, Ill.	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marion ... 214 Mo. Ave St. Louis, Ill.			

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

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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.