URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-029146
STATE FILE NUMBER

LED VS. JUL 22 1960
ENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2633

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch
Length of stay in 1b 35 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8333 Fifth Ave.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kinloch
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8333 Fifth Ave.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Tennie Middle (NMN) Last Troupe

4. DATE OF DEATH Month 7 Day 2 Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/25/1895

9. AGE (last birthday) 65

IF UNDER 1 YEAR Months 0 Days 8 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Acetelyne Burner

10b. KIND OF BUSINESS OR INDUSTRY Steel

11. BIRTHPLACE (City and state or country) Aberdeen, Mississippi

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Andrew Troupe

13b. MOTHER'S MAIDEN NAME Canedia (nee) Perry

14. NAME OF HUSBAND OR WIFE Mary Troupe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-03-9080

17. INFORMANT Mary Troupe Address 8333 Fifth Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis and Hypertension — INTERVAL BETWEEN ONSET AND DEATH Several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senilitis of age.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1958 to July 2nd 1960 and last saw her/him alive on 6-29-60
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Dorsey (Degree or title)

22b. ADDRESS 5915 Jefferson Kirkwood Mo.

22c. DATE SIGNED 7-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7/8/1960

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) (State) Berkeley 34, Missouri

24. FUNERAL DIRECTOR Boyd Bros. Funeral Home ADDRESS 5625 Carson Rd.

25. DATE RECD. BY LOCAL REG. 7-6-60

26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Henry C. Williams

Signature of Student Embalmer

Licensed Embalmer No. 4781

P. O. Address_____

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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