

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027426

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6667

AMENDED

FILED JUL 26 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>St. Louis</u>   |   | Length of stay in 1b<br><u>24 days</u>  | c. CITY OR TOWN<br><u>St. Louis</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Chronic Hosp.</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>1419 N. 19th St.</u>       |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Eula</u> Middle <u>Triplett</u> Last  |   | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>14</u> Year <u>61</u>   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>Col.</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>8/9/09</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  | 9. AGE (last birthday)<br><u>51</u>  |
| 13a. FATHER'S NAME<br><u>unk.</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unk.</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |   | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   | 17. INFORMANT<br><u>Louis Charles Triplett</u>                                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral arteriosclerosis</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Tallulah, Louisiana</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| DUE TO (b)  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Louis Charles Triplett</u>  |  |
| DUE TO (c) <u>4500</u>  |   | Address <u>St. Louis, Mo.</u>   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 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 <u>6-20-61</u> to <u>7-14-61</u> and last saw her/him alive on <u>7-14-61</u><br>Death occurred at <u>6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22c. DATE SIGNED<br><u>7/17/61</u>  |  |
| 22a. SIGNATURE<br><u>[Signature]</u>  |   | 22b. ADDRESS<br><u>5600 Arsenal</u>   | 22c. DATE SIGNED<br><u>7/17/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>7/20/61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Booker Washington</u>  | 23d. LOCATION (City, town, or county)<br><u>Centreville Township, Illinois</u> |
| 24. FUNERAL DIRECTOR<br><u>Marionette Office</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 18 1961</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Lead Smith. M.D.</u>                           |
| ADDRESS<br><u>2114 Missouri Ave. St. Louis, Illinois</u>  |   |   |  |

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Prokopff

Licensed Embalmer No. 4356

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.