

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

26547

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City **St Louis Mo** (No. **James Hosp.**)

File No. ....

Registered No. **7700**

St. .... Ward) .....

**2. FULL NAME** **James Henry Tripp**

(a) Residence, No. **3952 Aldine** St., **11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **Cool.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Tripp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1866, 7, 30**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>64</b>	<b>11</b>	<b>8</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Partes**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **apartments**

10. Date deceased last worked at (this occupation (month and year)) **6 yrs**

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

13. NAME **James Tripp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

15. MAIDEN NAME **Lucinda Girard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **Mary Tripp - 3952 Aldine**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **7/11** 19**31**

19. UNDERTAKER (ADDRESS) **Dr. B. R. ... 1003 N. Harrison**

20. FILED **Jul 10 1931** **Mary C. ... Registrar**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7 - 8** 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **7 - 1** 19**31**, to **7 - 8** 19**31**

I last saw him alive on **7 - 8** 19**31**. Death is said to have occurred on the date stated above, at **11:20 a.m.**

The principal cause of death and related causes of importance were as follows:

**Septicemia**  
**Lympho-Sarcoma of Mediastinal of Chest**

Other contributory causes of importance: **Acute Parotitis w/ Hemipr**

Name of operation **Drainage of Parotid** Date of **7-6-31**

What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

23. (If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify **Yes**

(Signed) **R. B. ...**, M. D.  
(Address) **Barnes Hosp.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

