

Dr. Hill
 [RECEIVED] JAN 11 1939

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

42830
 Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 344
 (c) City Jefferson (d) Street No. 407 Madison St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gustav A. Trippensee

(a) Residence, No. 407 Madison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Trippensee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-9-1886
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 3 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bldg Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc. " "
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

FATHER 13. NAME William Trippensee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Rockleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

17. INFORMANT Mrs. Anna Trippensee
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Jan-2- 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. H. Gannon
Jefferson City, Mo

20. FILED B. D. 139 D. R. Spool M. D. Hill
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1938

22. I HEREBY CERTIFY, that I attended deceased from Dec 28, 1938, to Dec 31, 1938

I last saw him alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 6:30 m.

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

Poly cystic Kidneys Date of onset not known

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Wm. H. Gannon, M. D.

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.

Paul Blaylock

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.....

Ferd P Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ferd P Dulle

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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, above space should be left blank.