

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

FORM 1 1212004

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.

REC'D FEB 10 1939

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

261  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **of St. Louis** (d) Street No. **City Hospital** Registered No. **261**  
(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.  
*(If death occurred in Hospital or Institution, write its name instead of street and number)*

2. PRINT FULL NAME

**610 William Jerald Tripp**  
(a) Residence, No. **2707 Eads Avenue** St. **23**  
*(Usual place of abode, if no street address, write county or city)* *(If nonresident, give city or town and State)*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 24, 1938**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**-- 00 14**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Infant**  
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) **St. Louis Missouri**

FATHER 13. NAME **Virgie Tripp**

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

MOTHER 15. MAIDEN NAME **Bessie Bowers**

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

17. INFORMANT **Virgil Bowers**  
(ADDRESS) **2707 Eads**

18. BURIAL, CREMATION, OR REMOVAL PLACE **in Eminence, Mo.** DATE **1/10/39**

19. FUNERAL DIRECTOR **A. W. McLaughlin**  
(ADDRESS) **2361 Lafayette Avenue**

20. FILE **JAN 9 1939**  
**J. B. Burk** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/8/39**, 19...  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...  
I last saw h. .... alive on ..... 19... Death is said to have occurred on the date stated above, at **1:30 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Acute Gastric Enteritis**  
**1/1/39**  
Date of onset

Other contributory causes of importance:  
**Malnutrition from above**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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?  
If so, specify: .....  
(Signed) **Joseph M. Turner**, M.D.  
(Address) **Deputy**

STATEMENT BY LICENSED EMBALMER

Paul A. Keith ..... Licensed Embalmer No. 3612

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. 3612

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

**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.)**