

JUL 20 1942 791

Registration District No. .... Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5416A Magnolia Ave.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community **32 Yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Paul C. Tripp**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **494-07-5687**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emeline Tripp** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **April 27, 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>2</b>	<b>14</b>	.....hr. ....min.

9. Birthplace **Clarkeville Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Printer**

11. Industry or business.....

12. Name **Joseph W. Tripp**

13. Birthplace **Clarkeville Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Lucy Givens**

15. Birthplace **Clarkeville Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emeline Tripp**  
(b) Address **5416A Magnolia Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 13, 1942**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Clarkeville Mo.**

18. (a) Signature of funeral director **Thos. Paschedag**

(b) Address **2825 N. Grand Blvd**

19. (a) **JUL 11 1942** (Date received local registrar) **J. F. Bredenk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County.....  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5416 A Magnolia Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 11** day.....  
year **1942** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Nov 10**.....  
19 **41** to **July 11**..... 19 **42**  
that I last saw him alive on **July 11**..... 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to **Coronary Artery Disease**

Due to.....

Other conditions **Myocarditis Chronic**  
(Include pregnancy within 6 months of death) **thyroid**

Major findings: **NO**  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature **J. H. Steinmann** (M. D. or other)  
Address **5428 Magnolia** Date signed **7/14/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

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

working under my personal supervision.

Signed.....

*Walter M Burnley*

(Licensed Embalmer No. *4202*)

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