V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 28 1942

Registration District No. 317 Primary Registration District No. HL 3069 Registrar's No. 190.1

96
8
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St Louis County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O St Marys Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 6420 Clayton Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Frank Trinagestic

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace ~~Janitor~~ (City, town, or county) Unk 9 (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant St Marys Hospital - Record
(b) Address 6420 Clayton Rd. Rich. Heights, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem Kirkwood
18. (a) Signature of funeral director Louis H Bopp, Inc.
(b) Address Kirkwood Mo
19. (a) SEP 19 1942 (Date received from registrar) (b) E G McGarron JS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1942 hour 12 minute 00 Noon
21. I hereby certify that I attended the deceased from Sept 8, 1942, to Sept 11, 1942
that I last saw him alive on Sept 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage
Due to Skull Fracture
Due to
Other conditions (Include pregnancy within 3 months of death) 186a
Major findings:
Of operations 18
Of autopsy Intracranial Hemorrhage Skull Fracture

Duration

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) Accident
(b) Date of occurrence Sept 7, 1942 129
(c) Where did injury occur? Richmond Heights (City or town) St Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St Marys Hosp. (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature R A Musella (M. D. or other)
Address 3720 Washington Date signed 9/11/42

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/21/42

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(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1945 SEP 23 1945

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.....Louis H Bopp.....

Licensed Embalmer No.....921.....

P. O. Address.....Kirkwood 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.