

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 9 1945

Registration District No. **318** 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:
Father Dempseys Home - 1421 Hogan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **Father Dempseys Home 1421 Hogan**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Herbert B. Trigg**

3. (b) If veteran, name war **None** 3. (c) Social Security No.....

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bernice Trigg nee Blackstone** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **December 28, 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	1	20	hr. min.

9. Birthplace **St. Louis Mo. (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Odd Job Man**

11. Industry or business

12. Name **Herbert Trigg**

13. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Heitkamp**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Paul Palecek**

(b) Address **4028 North Florissant Ave**

17. (a) **Burial** (b) Date thereof **2/20/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **FEB 19 1945** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **17th**
year **1945** hour **3:00 PM.** minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Tuberculosis
right. (early primary focus)

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
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.....
(c) 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) Means of injury.....

23. Signature **Patrup E Taylor** (M.D. or other) **3**
Address **Dej Cor** Date signed **2/19/46**

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

Gustav W. Dietel

Licensed Embalmer No.

4329

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.