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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11885

Registrar's No. 3797

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

**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: 1615 S. 12th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 006 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1615 S. 12th St. 20
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martin A. Tringl

3. (b) If veteran, name war ----

3. (c) Social Security No. 490-03-5267

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Tringl

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February (Month) 24 (Day) 1885 (Year)

8. AGE: Years 60 Months 2 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Martin Tringl
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Mary Tringl
(b) Address 1615 S. 12th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Wm E. Mozzell
(b) Address 1926 Allen Ave.

19. (a) APR 29 1945 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 27 year 1945 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12/10.43, 19 to 4/26, 1945 that I last saw him alive on 4/26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 3 Months

Due to Cancer of Prostrate and Bladder 16 Months

Due to 10 Months

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 51

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Albert F. Bina (M. D. or other)

Address 1841 S 17th Date signed 4/27.45

(Licensed Embalmer's Statement on Reverse Side)

## 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 me

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

working under my personal supervision.

Signed Wm. C. Mondell

Licensed Embalmer No. 1467.

P. O. Address 1926 Allen ave

**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.**