S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 36939

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 136

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr., 0 mos., 10 days (Specify whether
In this community 2 yr., 0 mos., 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1912A Cass Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sam Trippa

3. (b) If veteran, name war World War II

3. (c) Social Security No. 495-14-5436

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 22 (Day) 1922 (Year)

8. AGE: Years 23 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Asst. Shipping Clerk -unemployed

11. Industry or business Soap Company

FATHER
12. Name Peter Trippa
13. Birthplace (City, town, or county) Italy (State or foreign country)

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

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-45 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ removal: St. Louis, Mo.

18. (a) Signature of funeral director Herbert Hope
(b) Address HERBERT Hope, Undertaker Excelsior Springs, Mo.

19. (a) 11-18-45 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1945 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from November 7, 1943 to November 17, 1945 that I last saw him alive on November 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic far advanced, active, 3 moderate	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations as shown above
Of autopsy No autopsy performed

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 —

23. Signature Ernest M. Tapp (M. D. or other) MD
Address Veterans Administration, Excelsior Springs, Mo. Date signed 11-17-45

1417

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-11-44

JAN 28 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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.