5. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7450

Registration District No. 5717 Primary Registration District No. 6676 Registrar's No. 404

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months-7 Days (Specify whether years, months or days)
In this community 7 months & 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6033 Horton Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TRIBOUT, Julius E.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 493-09-3542

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Tribout
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased June (Month) 26, (Day) 1896 (Year)

8. AGE: Years 51 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Emil Fribout
13. Birthplace France (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine ?
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH, Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) 2-12-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1948 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from July 3, 1947 to February 10, 1948 that I last saw him alive on February 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHOGENIC CARCINOMA WITH METASTASES	
Contributory cause: ~~Due to~~ PULMONARY EDEMA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN — Underline the cause of 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 L. E. Stilwell (M. D.)
Address L. E. STILWELL Jefferson Barracks, Mo. Date signed 2/11/48

Jefferson City Printing Co.
(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.....

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

working under my personal supervision.

Signed Albert L. Hoffe

Licensed Embalmer No. 2271

P. O. Address 4700 Washington Blvd.,

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.