FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24804
State File No.

FILED JUL 22 1948

Registration District No. 318 — Primary Registration District No. 100's — Registrar's No. 6206

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 Josephine H. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 35 Yrs. years, months or 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. 2806 So. 59th Street (If rural, give location)

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

If yes, name country Italy

3. (a) PRINT FULL NAME Maria Tripoli

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Antonio

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 15 (Day) 1888 (Year)

8. AGE: Years 59 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Castelvrano (City, town, or county) Italy (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Antonino Napoli

13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER 14. Maiden name Leonarda Ingogla

15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Antonio Tripoli

(b) Address 2806 So. 59th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUL 13 1948 (Date received local registrar) J. F. Bridera (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-4 day 11 year 1948 hour 11 minutes 35 A.M.

21. I hereby certify that I attended the deceased from June, 1938 to July 11, 1948, that I last saw alive on July 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arthritis of Lungs	

Major findings:
Of operations
Of autopsy

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 H. B. DEPEW (M. D. or other)

Address 1446 S. Broadway Date signed 7-13-48

H. B. DEPEW

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Henry M. Brammer

Licensed Embalmer No. 7200

P. O. Address St Louis

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.