

FILED NOV 9 1948

Registration District No. **39487**

Primary Registration District No. **6076**

Registrar's No. **2502**

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **PINE LAWN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4809 RAVENWOOD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **ST. LOUIS**
(c) City or town **PINE LAWN**
(If outside city or town limits, write "RURAL")
(d) Street No. **4809 RAVENWOOD**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY F. TRINGALE**
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **26**
year **1948** hour **10** minute **30 A.M.**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed **married**
divorced _____
6. (b) Name of husband or wife **CHARLES TRINGALE** 6. (c) Age of husband or wife if
alive **63** years
7. Birth date of deceased **APR-20-1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
14 Sept 1948 to **18 Sept 1948**
that I last saw her alive on **14 September 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Day If less than one day
58 **6** **6** hr. min.

Immediate cause of death **Carcinoma of stomach with metastases to lymph nodes & esophageal obstruction**
Duration _____

9. Birthplace **ITALY** **5**
(City, town, or county) (State or foreign country)

Due to **46**
Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **JOSEPH VENEZIANO**
13. Birthplace **ITALY** **5**
(City, town, or county) (State or foreign country)
14. Maiden name **FRANCES MIGNOSSA**
15. Birthplace **ITALY**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: **Carcinoma of stomach with metastases to lymph nodes & esophageal obstruction**
Of operation: **Operative exploration by Dr. Robt. W. Bartlett**
Underline cause to which death would be charged statistically.

16. (a) Informant **Betty Turner**
(b) Address **4809 Ravenwood**
17. (a) **BURIAL** (b) Date thereof **10-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MEMORIAL PARK CEM**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? **at home**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did _____ occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **L. B. Tanner**
(b) Address **6107 Natural Bridge**
19. (a) **10-28-48** (b) **Carroll**
(Date received local registrar) (Registrar's signature)

While at work? **Home** (Specify type of place)
(c) Means of injury _____
23. Signature **R. F. Holden** (M. D. _____)
Address **3720 Washington** Date signed **28 Oct 48**

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

MOTHER FATHER

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 *J. W. Wilkins*
Licensed Embalmer No. 3575
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.