

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3193
0675

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|---|------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital | | e. STREET ADDRESS (If rural, give location) 2147 4 6235 Itaska St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) F. c. (Last) TRIPPE | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 19, 1901 |
| 9. AGE (In years last birthday) 53 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Chain of Rocks Amusement Park | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Charlie Trippe | |
| 13b. MOTHER'S MAIDEN NAME Louise Feldhouse | | 14. NAME OF HUSBAND OR WIFE Margaret Trippe | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Margaret Trippe | | ADDRESS 6235 Itaska St. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Regurgitation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 4201 | | | |
| 22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 1805A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Patrick F. Taylor Curator | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 1. 24. 55. | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE Jan. 25, 1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. JAN 24 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | |

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, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed..... *William B. White*

Licensed Embalmer No. *429*

P. O. Address *428th 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**