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FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012423
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3425

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [*] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5810 Mimika — Length of stay in hospital 34 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [*] No [ ]
d. STREET ADDRESS (If outside, give location) 5810 Mimika — Reside on Farm Yes [ ] No [*]

3. NAME OF DECEASED (Type or print): First Jerome Middle Jim Last Trupiano
4. DATE OF DEATH: Month March Day 22 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [*] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 21, 1899
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13a. FATHER'S NAME: Nicolo Trupiano
13b. MOTHER'S MAIDEN NAME: Concetta Palazzolo
14. NAME OF HUSBAND OR WIFE: Vincenzina Trupiano
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-36-5376
17. INFORMANT: Vincenzina Trupiano — Address: 5810 Mimika Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1) Adeno-carcinoma of liver c̄ metastasis. — ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 2) Pleural effusion — 2 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 156.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/29/57, to 3/22/58 and last saw her/him alive on 3/22/58.
Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Signoreen (Degree or title) D
22b. ADDRESS 3400 N Kingshighway
22c. DATE SIGNED 3/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 26-58
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24a. FUNERAL DIRECTOR Micell & Sons — ADDRESS 1150 N. Kingshighway
25. DATE RECD. BY LOCAL REG. MAR 25 58
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John J. Davis

Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.