

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

693

Do not use this space.

1008

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1. PLACE OF DEATH

- (a) County 1 Registration District No.
- (b) Township 2 Primary Registration District No. Registered No.
- (c) City or St. Louis, Mo. (d) Street No. DEARNESS STOS. HOSPITAL. St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James C. Triss

- (a) Residence, No. AVISTON, ILL. St. WR Aviston Ill.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ina Triss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1865

7. AGE YEARS 73 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Clinton, Co.
 (STATE OR COUNTRY) Illinois

13. NAME William W.

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sarah McAlilly

16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT Mrs. James C. Swiss
 (ADDRESS) Aviston, Ill.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Trenton, DATE 19.....

19. FUNERAL DIRECTOR (NAME) ALBERT H. HOPPE SER. INC.
 (ADDRESS) 4700 WASHINGTON BLVD.,

20. FILED

JAN 23 1939

J. D. Brudick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 22nd. 19 39

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1938, to 1-22- 1939

I last saw him alive on 1-22- 1939. Death is said

to have occurred on the date stated above, at 3:41 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Stomach Date of onset

Other contributory causes of importance: None

Name of operation Exploratory Lapotomy Date of 12-21-38
 What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Chas. Mueller M. D.
 (Address) 3115 So. Grand Blvd.
St. Louis

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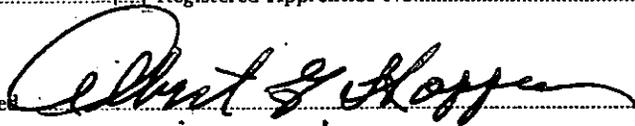
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 2971

P. O. Address.....

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, above space should be left blank.