

No. 2  
13-40  
17-39  
X23199

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

227408

State File No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7304**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4629a Pope Ave **2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME Eugene Filippine **115**

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife A. delaide (c) Age of husband or wife if M. Filippine allve years

7. Birth date of deceased December 3, 1907  
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Missouri **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Police officer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Angelo Filippine

13. Birthplace Switzerland **7**  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Pedrola

15. Birthplace Switzerland **7**  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adelaide M. Filippine

(b) Address 4629a Pope Ave

17. (a) Burial (b) Date thereof 8/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 30 1940 (b) [Signature]  
(Date received local registrar) (Registrar's certificate)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis **9**  
(If outside city or town limits, write "RURAL")

(d) Street No. 4629a Pope Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28  
year 1940 hour 5:30 AM minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Aug 26, 1940 to Aug 28, 1940  
that I last saw him alive on Aug 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease

Due to B

Due to 77

Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 3 yrs

PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)  
Address 3115 S. Grand Date signed 8/29/40

WRITE PLAINLY—USE 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 *William G. Burkholder*

Licensed Embalmer No. *2110*

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.**