

FILED SEP 17 1943

Registration District No. **2**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
822 N. 18th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1
(Specify whether)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 822 N. 18th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George P. Trigg.

3. (b) If veteran, name war No

3. (c) Social Security No. 499-01-8358

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 12 years 1875

7. Birth date of deceased March 12 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>20</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Waverly Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Jobbing

12. Name Pinkney Trigg

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Shortage

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Roy H. Trigg

(b) Address 2715 1/2 St. Vincent Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9 - 6 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) SEP 6 1943 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Occlusion
Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(c) Means of injury

23. Signature Thomas F. Cullinane (M. D. or other)
Address Deputy Coroner Date signed 9-6-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

847

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 Fred Frick

Licensed Embalmer No. 3186

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.