

No. 2  
4-2-43  
5-17-36  
I X3587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32581

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

FILED SEP 25 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2087

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Eufemia Tripodi

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 21 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 2 22 hr. min.

9. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Frank Cutri  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Tripodi  
(b) Address Greve Coeur Mo.

17. (a) Burial (b) Date thereof Sept 18 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) SEP 18 1943 (b) C. H. Mc Gowan  
(Date received at local registrar) (Registrar's signature) 3.5.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4063 Phillips St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day September  
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-30-43 to 9-15-43  
that I last saw her alive on 9-15-43, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block, complete ?  
Due to Hypertensive Vascular Disease ?  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations Ja  
Of autopsy None

Duration  
?  
?  
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) (c) Means of injury \_\_\_\_\_

23. Signature E. R. Shroeder (M. D. or other) 9/17/43  
Address 3720 Washington Date signed \_\_\_\_\_

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

3006

Dr. Ester Strader  
Beaumont 13629

De 0088

**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 Frank J. Durns

Licensed Embalmer No. 2245

P. O. Address. Beaumont

**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.**