

1 X35897

FILED MAR 27 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 4 days
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME

Ed Trigg

3. (b) If veteran, name war _____

3. (c) Social Security No. unk

4. Sex Male

5. Color or race Negro

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 (Month)

10 (Day)

1886 (Year)

8. AGE:

Years

Months

Days

If less than one day

57

9

5

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Ark 1

10. Usual occupation

Laborer

11. Industry or business _____

12. Name

Jim Trigg

13. Birthplace

(City, town, or county)

(State or foreign country)

Richmond, Va. 1

14. Maiden name

Mariah Magor

15. Birthplace

(City, town, or county)

(State or foreign country)

Ark 1

16. (a) Informant

Gust Trigg

(b) Address

4032 1/2 West Bell

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

3-20-44

(c) Place: burial or cremation

Washington Park

18. (a) Signature of funeral director

Waring Bros

(b) Address

3644 Finney Ave

19. (a)

(Date received local registrar)

MAR 17 1944

(Registrar's signature)

J. B. Balducci

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4132 West Belle (If rural, give location) 911
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15,
year 1944 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from February
11, 1944, to March 15, 1944;

that I last saw him alive on March 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchopneumonia
Benign Hypertrophy Prostate

Duration

Terminal

Unk.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(b) Means of injury _____

23. Signature

A. K. Street

(M. D. or other)

Address

2601 W. Bell

Date signed

3/17/44

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 Louis V. Attardo

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.