

FILED APR 30 1946  
Registration District No. 39848

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3403 Chippewa  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 45 years  
years, months or days) (Specify whether

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. 3403 Chippewa  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Italy

3. (a) PRINT FULL NAME Carl Tripi

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Married  
6. (b) Name of husband or wife Rosaria Tripi 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased October 12 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 15 If less than one day  
hr. min.

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

10. Usual occupation Shoe Rebuilder

11. Industry or business Self

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

16. (a) Informant Fuencio Tripi  
(b) Address 3403 Chippewa

17. (a) Burial (b) Date thereof March 30, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernick-Dehaus  
(b) Address 1431 Union Blvd

19. (a) MAR 29 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1946 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Dec 5  
1945 to March 27 1946  
that I last saw him alive on March 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Carcinoma of the Pancreas + Liver  
Primary - Liver

Other conditions (Include pregnancy within 3 months of death) Hof

Major findings: Of operations Hof  
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?

(Specify type of place) While at work (c) Means of injury

23. Signature Joe G. Grant M.D. (M. D. or other) Address 5621 S. Broadway Date signed 3/28/46

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

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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 *Ronald O Zehnke*

Licensed Embalmer No. *3917*

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.**

*5521 S. Kirkwood*