No. 300
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FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34542

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2945

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

1. PLACE OF DEATH St. Louis
a. COUNTY St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Creve Couer 4000 1
d. STREET ADDRESS (If rural, give location) Emmerson Ave.

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) c. (Last) TRIPODI

4. DATE OF DEATH (Month) (Day) (Year) Sept 13 1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH june 8, 1880.
9. AGE (In years last birthday) 78 — If under 1 year: Months 3 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and State or Foreign Country) Bohemia 8
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Frank Farek
13b. MOTHER'S MAIDEN NAME Katherine Maly
14. NAME OF HUSBAND OR WIFE Joseph Tripodi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Joseph Tripodi, Creve Couer, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Malignancy of Liver — INTERVAL BETWEEN ONSET AND DEATH 3 mo?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 171X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/23, 1953 *to* 9/13, 1953, *that I last saw the deceased alive on* 9/12, 1953 *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Lee Shrader (Degree or title) MD
23b. ADDRESS 3720 Washington
23c. DATE SIGNED 9/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 9/16/53
24c. NAME OF CEMETERY OR CREMATORY St. Monicas Cemetery
24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)

DATE REC'D BY LOCAL REG. 9/15/53
REGISTRAR'S SIGNATURE Wechecx B. Somke MD
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc. **ADDRESS** Kirkwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.