

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City St. Louis (No. 4453 of South Ave)

File No. **22047**
Registered No. **5801**
St. _____ Ward _____

2. FULL NAME

Samile Beffa
(a) Residence, No. 4453 of South Ave, St. 10 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Gladie Beffa.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23, 1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>chef</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>April 1934</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Switzerland</u>		
MOTHER	13. NAME <u>Not known Beffa</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Switzerland</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Gladie Beffa 4453 of South Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns</u> DATE <u>June 12, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Quedmore & Sons 3934 N. 20 St.</u>		
20. FILED <u>11 100</u> 19 <u>34</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

22. HEREBY CERTIFY that I attended deceased from Jan. 27, 1934, to June 10, 1934.
I last saw him alive on June 10, 1934. Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:
Cocciemia of the U.S.P. throat 71B 45
Date of onset _____

Other contributory causes of importance:
Secondary anemias.

Name of operation no Date of _____
What test confirmed diagnosis? Microscopical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Carl H. Inghel, M. D.
(Address) 705 - Olive St. St. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

22047

Wm. S. G. G. G.
705 B. Lane St.

No. 12-4