

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14686

State File No. _____
Registrar's No. 33 35

FILED MAY 20 1942
Registration District No. 1

Primary Registration District No. 4249

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

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Festus Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 35 yrs. years, months or days

3. (a) PRINT FULL NAME Elizabeth Beffa
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Vincent Beffa
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 22 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Smith

13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Seymour

15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barney Brein

(b) Address Festus Twp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42
 (Month) (Day) (Year)

(c) Place: burial or cremation Festus Twp.

18. (a) Signature of funeral director H. B. Unyard

(b) Address Festus Twp.

19. (a) 4/29/42 (Date received local registrar) (b) H. S. O'Brien (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town Festus
 (If outside city or town limits, write "RURAL")
 (d) Street No. 932 N. Main St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 25
 year 1942 hour 7 minute 40 M.
 21. I hereby certify that I attended the deceased from Jan 5/42 to April 25
 that I last saw her alive on April 25 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart Disease
 Due to General arterio-sclerosis
of atherosclerotic
of both legs
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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) (e) Manner of injury _____

23. Signature H. S. O'Brien (M. D. or other) _____
 Address Capital City Mo. Date signed 4/29/42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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..... *A. W. Wenzel*.....
Licensed Embalmer No. 3010
P. O. Address..... *Festo ma*.....

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.