V. S. No. 2
DM—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8228

FILED APR 3 1943

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 2737

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevie 95

(c) City or town St. Marys
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Emma C. DiFani

3. (b) If veteran, name war ____

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lawrence DiFani

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December (Month) 25 (Day) 1868 (Year)

8. AGE: Years 74 Months 2 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace St. Mary's (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Henry Voelker
13. Birthplace St. Mary's (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Luvisa Grass
15. Birthplace St. Mary's (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Burpie Burgette
(b) Address St. Marys, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Boeneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 11th 1943 to March 20th 1943 that I last saw he alive on 20th of March 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia — Duration

Due to Organism not identified though sputum was examined

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Carl A. Gavell M.D. (M.D. or other)
Address 3511 Russell Ave. St. Louis (Date signed)

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....J. Allen Dennis Jr.....

Licensed Embalmer No. 4053

P. O. Address.....

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.