S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36655

Registrar's No. 2329

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration 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 3 years

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. 3500 Henrietta
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME KAFFRON (Correct Spelling)
KAFRON, Mathias P. (Army)
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased February (Month) 23 (Day) 1893 (Year)

8. AGE: Years 54 Months 8 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation U.S. Employment Service
11. Industry or business —

MOTHER FATHER
12. Name Charles Kaffron
13. Birthplace Possibly Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary —
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address VAH-Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave St. Louis, Mo.
19. (a) 11-13-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1947 hour 11 minute 10 p.m.

21. I hereby certify that I attended the deceased from October 16, 1947, to November 9, 1947, that I last saw him alive on November 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE, LEFT	Unk
Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE (Malignant)	
Due to 932	Unk
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? Means of injury

23. Signature L. E. STILWELL, M.D. L. E. Stilwell
Address VAH, Jefferson Barracks, Mo. Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1941

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.