

FILED APR 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
5120 Delmar Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oaa  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5120 Delmar Ave. 9  
12 (If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ilario D. Beffa

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Annie Beffa 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased March 3 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business.....

12. Name Jacob Beffa

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Beffa  
(b) Address 5120 Delmar Ave.

17. (a) Burial (b) Date thereof 4/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) APR 8 1948 (b) J. J. Brodick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1948 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 6  
19 48 to April 6 19 48  
that I last saw him alive on April 6, 1948 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation 2 days

Due to Chronic myocarditis

Due to arteriosclerosis

Other conditions: SA, AF, 10  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations.....

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).....

(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) Means of injury 0

23. Signature Anthony V. Bernician (M. D. or other) MD

Address 2801 N. Taylor Date signed 4/8/48

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

MOTHER FATHER

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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 Davis Jr.*

Licensed Embalmer No. *4653*

P. O. Address *St Louis*

**/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.