FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38596
Registrar's No. 9960
Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2909 GRAVOIS
(If rural, give location)
(e) Citizen of foreign country? 24 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Saffa, Farris
3. (b) If veteran, name war
3. (c) Social Security No. 488-01-0219
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 24 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
68	4	23	hr. min.

9. Birthplace (City, town, or county) SYRIA (State or foreign country)
10. Usual occupation LABORER
11. Industry or business GRAVOIS PLANING MILL
FATHER
12. Name MATTHEW SAFFA
13. Birthplace (City, town, or county) SYRIA (State or foreign country)
MOTHER
14. Maiden name CATHERINE NAHRA
15. Birthplace (City, town, or county) SYRIA (State or foreign country)
16. (a) Informant CATHERINE SAFFA
(b) Address 2909 GRAVOIS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. PETER + PAUL CEM.
18. (a) Signature of funeral director Thos. Kutis + Son
(b) Address 2906 GRAVOIS ST. LOUIS, MO
19. (a) NOV 17 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-16 day 16th year 1948 hour 8 05 minute a.M.
21. I hereby certify that I attended the deceased from March, 1947, to November 16, 1948; that I last saw him alive on 11-15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
adenocarcinoma of prostate	18 months
Due to	
Due to	
Other conditions metastasis to bones of pelvis, lower extremities	

Major findings: Of operations adenocarcinoma of prostate: transurethral resection
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 J. M. Macnish (M. D. or other) M. D.
Address 508 N. Grand Date signed 11-17-48

(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.....Hamer C Dell

Licensed Embalmer No.....4347

P. O. Address.....2906 Graver

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.