

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2655
Registrar's No. 342

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>MO</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 6 5567 Wells					
3. NAME OF DECEASED (Type or Print) Joseph			a. (First)	b. (Middle)	c. (Last) Favignano	4. DATE OF DEATH January 9, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1894			
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 9		IF UNDER 1 YEAR Days 12		IF UNDER 24 HRS. Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (State or foreign country) Italy 3		12. CITIZEN OF WHAT COUNTRY <i>MO</i>		
13a. FATHER'S NAME Manuel Favignano			13b. MOTHER'S MAIDEN NAME Celeste Marori			14. NAME OF HUSBAND OR WIFE Florence Favignano			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Florence Favignano			ADDRESS 5567 Wells	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage esophageal varix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis liver fibrosis DUE TO (c) Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteritis - degeneration					INTERVAL BETWEEN ONSET AND DEATH 2 days 8 months 10 months autopsy?		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		21g. DATE OF OPERATION _____		21h. MAJOR FINDINGS OF OPERATION _____		21i. ACCIDENT SUICIDE (Specify) _____		21j. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) _____	
22. I hereby certify that I attended the deceased from May 7, 1948, to 1/9, 1949, that I last saw the deceased alive on 11-9-49, 1949, and that death occurred at 8:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) <i>[Signature]</i>				23b. ADDRESS 2322 N. Kingshighway		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County			
DATE RECD BY 20543 REGISTRAR'S SIGNATURE JAN 12 1949 <i>J. B. Lusater</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank J. Smith 1225 Union Pl.</i>					

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

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 Me

Student Embalmer No.

working under my personal supervision.

Signed Elton H. Remelius

Signed
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address. St. Louis, Mo.

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.