

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17203**
Registrar's No. **4470**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22		9/1 4
d. FULL NAME OF HOSPITAL OR INSTITUTION Depaul Hospital			d. STREET ADDRESS (If rural, give location) W-300 E. Monroe Ave		
3. NAME OF DECEASED a. (First) Mother Clarissa		b. (Middle) (Elizabeth A.)		c. (Last) Difani	
4. DATE OF DEATH (Month) (Day) (Year) May 16 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 4 1880	9. AGE (In years, last birthday) 68	IF UNDER 1 YEAR Month(s) 9 Day(s) 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Marys Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Difani		13b. MOTHER'S MAIDEN NAME Julia Pannell		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Reuben Coumont Records ADDRESS Kirkwood	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure ANTECEDENT CAUSES Rheum. & Hypert. Ht. Arterio DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 mo.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93 d	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ht. 1.6 X	
22. I hereby certify that I attended the deceased from May 1 , 19 45 , to May 16 , 19 49 , that I last saw the deceased alive on May 16 , 19 49 , and that death occurred at 8:25 P m. , from the causes and on the date stated above.					
23a. SIGNATURE Leona B. Jordan (Degree or title) 11 m. S.			23b. ADDRESS Humboldt Bldg St. Louis		23c. DATE SIGNED 5/19/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/19/49	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cem		24d. LOCATION (City, town, or county) (State) Kirkwood 22 Mo
DATE REC'D BY LOCAL HEALTH DEPT. MAY 19 1949		REGISTRAR'S SIGNATURE J B Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger ADDRESS Kirkwood 6	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *John M. Meyer*
Licensed Embalmer No. *1288*

P. O. Address *Kirkwood 227*

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.