

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

34915

8711

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

100

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) /	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 4535 Olive Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4535 Olive Street			d. STREET ADDRESS (If rural, give location) 4535 Olive Street				
3. NAME OF DECEASED a. (First) Elisa Beffa			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH July 14, 1881		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months   Days 2   25	IF UNDER 1 HR. Hours   Min. 
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? -		
13a. FATHER'S NAME John Massa		13b. MOTHER'S MAIDEN NAME Marie Signaigo		14. NAME OF HUSBAND OR WIFE Mr. Anselmo Beffa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. Anselmo, 4535 Olive Street				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis cerebral art. and thrombosis (recent) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio sclerosis Cardiac-vascular disease ... DUE TO (c) ... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 2 days  for years.	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
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? H221				
22. I hereby certify that I attended the deceased from 9/11, 1939, to 10-8, 1949, that I last saw the deceased alive on 10-8, 1949, and that death occurred at 2:50 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John J. Havins M.D.			23b. ADDRESS 1634 N. Grand		23c. DATE SIGNED 10/10/49		
24a. BURIAL/CREMATION REMOVAL (Specify) Burial	24b. DATE Oct. 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. OCT 10 1949		REGISTRAR'S SIGNATURE J. B. Farsten		5. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			
				ADDRESS 310 Lindell Blvd.			

OCT 10 1949

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.