

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6469

State File No. ....

1761

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....								
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		nr 4								
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3310<sup>1/2</sup> S. Jefferson Av.</b>				d. STREET ADDRESS (If rural, give location) <b>24-3310<sup>1/2</sup> S. Jefferson Av.</b>										
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mathew</b>			b. (Middle)			c. (Last) <b>Luffy</b>								
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 21 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>		8. DATE OF BIRTH <b>June 22, 1896</b>						
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>Hungary</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Butcher</b>			10b. KIND OF BUSINESS OR INDUSTRY			13a. FATHER'S NAME <b>John Luffy</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Ruck</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth Luffy</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>			16. SOCIAL SECURITY NO. <b>no.</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Luffy 3310<sup>1/2</sup> S. Jefferson</b>								
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion (Heart Disease)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b>  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial Asthma</b>						INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>St. Louis Mo.</b>			21f. HOW DID INJURY OCCUR? <b>H2O1</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>											
22. I hereby certify that I attended the deceased from <b>Feb 17, 1950</b> , to <b>Feb 21, 1950</b> , that I last saw the deceased alive on <b>Feb 21, 1950</b> , and that death occurred at <b>6:00 p. m.</b> , from the causes and on the date stated above.														
23a. SIGNATURE <b>E. W. Davis</b>						23b. ADDRESS <b>3805 So Broadway St. St. Louis Mo.</b>			23c. DATE SIGNED <b>2/21/50</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>2-24-50</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>					
DATE REC'D BY LOCAL REG. <b>FEB 23 1950</b>			REGISTRAR'S SIGNATURE <b>J. B. Foster</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walt Brw. &amp; U. L. 2929 S. Jefferson</b>								

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 *D. M. Davis* .....

Licensed Embalmer No. 3741 .....

P. O. Address 2929 Jefferson .....

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.