

S. No. 300
V. 10. 48

XC-7 203 894
Re ~~115007~~ 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36010

State File No.

Registrar's No. 3431

BIRTH NO. _____		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 6076		State File No.		Registrar's No. 3431		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFF. BRKS. MO.)		c. LENGTH OF STAY (If this place) 206 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2257				
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				d. STREET ADDRESS (If rural, give location) 1421 N. 14th STREET						
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) P.		c. (Last) SCORFINA, JR.		4. DATE OF DEATH (Month) (Day) (Year) 10-12-51				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-16-22		9. AGE (In years last birthday) 29 yrs		IF UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Operator			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Frank P. Scorfina, Sr.			13b. MOTHER'S MAIDEN NAME Josephine Rova			14. NAME OF HUSBAND OR WIFE Sarah Scorfina				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-2		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS. MO.				
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) HODGKINS DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. _____						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) _____		201X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from 3-21-1951, to 10-12-1951, that I was the attending physician, and that death occurred at 7:30 a.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) _____ M.D.				23b. ADDRESS V.A. HOSP., JEFF. BRKS. MO.			23c. DATE SIGNED 10-12-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/16/51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.				
DATE REC'D BY LOCAL REG. 10-15-51		REGISTRAR'S SIGNATURE Herbert P. Tombe			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz			ADDRESS 4828 Nat'l Bridge, St. Louis,		

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

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph C. Lynders

Licensed Embalmer No. 4275

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.