

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 13 1951

10024

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10024**

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 OR TOWN ST. LOUIS)		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY 4181
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		d. STREET ADDRESS (If rural, give location) LUCAS LANE 1	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle)	c. (Last) BEFFA
5. SEX FEMALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED Y
8. DATE OF BIRTH 2-24-1863		9. AGE (In years last birthday) 88	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 5 BASIL SWITZERLAND
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME NOT KNOWN	
13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE ANTON 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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey Beffa 5 Lucas Lane
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) Intercranial hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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? 331X			
22. I hereby certify that I attended the deceased from 6-24-51 to 11-10-51 , that I last saw the deceased alive on 11-9-51 , and that death occurred at 8-35 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. B. Kountz, M.D.		23b. ADDRESS 4500 Ashline St.	
23c. DATE SIGNED 11/12/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-13-51	
24c. NAME OF CEMETERY OR CREMATORY Pike Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE NOV 13 1951 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Row Mills 2707 N Grand	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

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.