

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9667
2468
Registrar's No.

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) **S. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **5345 Wilson Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
 d. STREET ADDRESS (If rural, give location) **5345 Wilson Ave.**

3. NAME OF DECEASED
 a. (First) **Margharetta**
 b. (Middle) _____
 c. (Last) **Bellofi**
 4. DATE OF DEATH (Month) (Day) (Year) **March 12, 1952**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **July 4, 1895** **9. AGE** (In years last birthday) **56**
 If under 1 year: Months _____ Days _____
 If under 1 min. 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? **U.S.**

13a. FATHER'S NAME **Angelo Barolfi** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Angelo**

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** **Angelo Bellofi, 5345 Wilson** **ADDRESS** _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Hypertensive Cardio-vascular disease**
 DUE TO (c) **Cirrhosis of Liver (Lanney)**

INTERVAL BETWEEN ONSET AND DEATH
10 yrs
10 yrs
3 yrs

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **443X**

22. I hereby certify that I attended the deceased from **12-9, 1940**, to **Mar. 12, 1952**, that I last saw the deceased alive on **Mar. 11, 1952** and that death occurred at **2:45 p.m.** from the causes and on the date stated above.

23a. SIGNATURE **Charles Montan** (Degree or title) _____ **23b. ADDRESS** **5147 Daggett** **23c. DATE SIGNED** **3-13-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **3-15-52** **24c. NAME OF CEMETERY OR CREMATORY** **Resurrection** **24d. LOCATION** (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **MAR 14 1952** **REGISTRAR'S SIGNATURE** **Paul C. Calcaterra** **25. FUNERAL DIRECTOR'S SIGNATURE** **Paul C. Calcaterra** **ADDRESS** **5140 Daggett**

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

m 8 B (Licensed Embalmer's 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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed

John J. Stein

Signed.....
Student Embalmer

Licensed Embalmer No. *4408*

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.