

FILED AUG 2 - 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **24919**  
Registrar's No. **6393**

BIRTH NO. **48005-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>1030 Coal Bank Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cynthia</b> b. (Middle) <b>Anne</b> c. (Last) <b>Mafte</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 13 1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>July 9, 1954</b>		9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR Days <b>4</b> IF UNDER 2 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Alex Mafte</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Bienter</b>		14. NAME OF HUSBAND OR WIFE <b>None</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alex Mafte 1030 Coal Bank Rd.</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESORPTION ATELECTASIS OF LUNGS</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>PREMATURITY</b>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<b>INTRA PERITONEAL HEMORRHAGE</b>			
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 checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7625</b>	

22. I hereby certify that I attended the deceased from **7-11-1954**, to **7-13-1954**, that I last saw the deceased alive on **7-13-1954**, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William L. Drake Jr. PATHOLOGIST</b>		23b. ADDRESS <b>ST. JOHN'S HOSPITAL</b>		23c. DATE SIGNED <b>7-14-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/15/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	

DATE REC'D BY LOCAL REG. <b>III 14 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Buchholz Mortuary 5967W. Florissant</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  
*Walter A. Buck*

Licensed Embalmer No. 45

P. O. Address.....  
*St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.