

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010766
State File No.

FILED MAR 30 1959

2 2419
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY M			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 township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Overland 424X		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Maternity			e. STREET ADDRESS (If rural, give location) 9571 Pagewood Ct.		
3. NAME OF DECEASED (Type or Print) a. (First) Tammy		b. (Middle)	c. (Last) Buffa	4. DATE OF DEATH (Month) (Day) (Year) March 8 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 7, 1959	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 15 Hours 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? United States
13a. FATHER'S NAME Gaetano Dominic Buffa		13b. MOTHER'S MAIDEN NAME Carolyn Sue Hogenmiller		14. NAME OF HUSBAND OR WIFE None	
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 Mo. Gaetano Dominic & Carolyn Buffa Overland,		
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) GENERALIZED INTRA UTERINE ANOXIA ANTECEDENT CAUSES DUE TO (b) PLACENTA PREVIA DUE TO (c) 762C II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTRACRANIAL HEMORRHAGE???				INTERVAL BETWEEN ONSET AND DEATH 39 hours
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)	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 3/7/59 , 19 59 , to 3/8/59 , 19 59 , that I last saw the deceased alive on 3/8 , 19 59 , and that death occurred at 10:15P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. J. Vanillin, M.D.			23b. ADDRESS St. Louis Maternity Hosp.		23c. DATE SIGNED 3-9-59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 10-59	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL MAR 9 59	REGISTRAR'S SIGNATURE Loard Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli & Sons 1150 N. Kingshighway		

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 *John S. Belmont*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Anthony J. Maciel*.....
Licensed Embalmer No. *427*.....
P. O. Address *Stou*.....

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.