N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35822
Do not use this space.

NOV 15 1937

Registration District No. 791

Primary Registration District No. 1003

Registered No. 9399

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. 1447 Rowan Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amerigo Bafunno.
(a) Residence, No. 1447 Rowan Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Gertrude Bafunno.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20.1885.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Antonio Bafunno.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy.

MOTHER
15. MAIDEN NAME Maria Cavallo.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy.

17. INFORMANT Mrs. Gertrude Bafunno.
(ADDRESS) 1447 Rowan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem. DATE October 9 1937

19. FUNERAL DIRECTOR Geo. L. Pleitsch Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED OCT 8 1937 J. F. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1937 to Oct. 7 1937
I last saw him alive on Oct. 7 1937. Death is said to have occurred on the date stated above, at 9.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Jan 1937
Chronic nephritis	?
Arteriosclerosis	?
Other contributory causes of importance:	
Abdominal ascites	Aug-1937
Non T.B.	

Name of operation Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) 2435 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

Dr. E Horace Johnson
2435 N Grand Blvd.
1 to 3
Franklin 1439

STATEMENT BY LICENSED EMBALMER

I, Leonard W Kraegu, Licensed Embalmer No. 2678

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leonard W Kraegu

L. E.

No. and by Henry Bramer, Registered Apprentice No.

working under my personal supervision.

Signed Leonard W Kraegu

Licensed Embalmer No. 2678

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)