No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13537

Registration District No. 791 Primary Registration District No. 1009 Registrar's No. 3739

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town ~~[illegible]~~ Crystal City (If outside city or town limits write "RURAL")

(d) Street No. R. R. 2 (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME BERNARD GIDD DIFANI 150

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Julia Difani

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March (Month) 17 (Day) 1872 (Year)

8. AGE: Years 68 Months 1 Days 7 If less than one day hr. min.

9. Birthplace ST. Mary (City, town, or county) MO (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Cr. Portlock

(b) Address Crystal City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo

18. (a) Signature of funeral director Gentry R. Pelitte

(b) Address Crystal City, Mo

19. (a) APR 25 1940 (Date received local registrar) J. F. Bradlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 22, 1940, to April 24, 1940, that I last saw him alive on April 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Arteriosclerotic heart	
Due to disease	
Due to	
Other conditions (Include pregnancy within 3 months of death) Benign hypertrophy prostate	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. N. Anderson (M. D. or other)

Address BARNES HOSPITAL Date signed 4-25-40

(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.....

Not Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.