. S. No. 2
0M—5-43
ev. 5-17-39
1 x 6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

State File No. 32883

FILED NOV 10 1943

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 9567

1. PLACE OF DEATH:

(a) County ____

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

(c) Name of hospital or institution:
5858 Wells Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town St. Louis (12)
(If outside city or town limits, write "RURAL")

(d) Street No. 5858 Wells Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Gertrude Bafunno.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Amerigo V. Bafunno.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased May 21, 1890.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	8	____ hr. ____ min.

9. Birthplace Centralia, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Charles C. Poore.
13. Birthplace Audrain Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Robinson.
15. Birthplace Centralia, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inez May Miller.
(b) Address 5858 Wells Ave.

17. (a) Burial (b) Date thereof 11-1-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) NOV 1 1943 (b) Jo F. Bredner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1943 hour 7 minute 12 P.M.

21. I hereby certify that I attended the deceased from July 19, 1936, to Oct 29, 1943;
that I last saw him alive on 10/28, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 7 yrs

Due to ____

Due to ____

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Other conditions ____
(Include pregnancy within 3 months of death)

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 D C Todd (M.D. or other) MD

Address University Club Bldg (1) Date signed 10/30/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. David Todd.
University Club Bldg.
1 to 3 P.M.
Jefferson 1531

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben Hoffman

Licensed Embalmer No. 4366

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.