

FILED DEC 8 1943
Registration District No. _____

Primary Registration District No. **1003**

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

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: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
In this community **40 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1410 North 20th Street**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Belfiore**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 0 5. Color or race **white**
6. (a) Single, widowed, married, divorced **2** **widowed**

6. (b) Name of husband or wife **Rose** 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased **April 30 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Ace Reale Italy 5**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Antonino Belfiore**
13. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Grasso**
15. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Belfiore**
(b) Address **1410 N. 20th St**

17. (a) **Burial** (b) Date thereof **Nov.-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **P. Nichi-son**
(b) Address **1150 N. Kingshighway Blvd.**

19. (a) **NOV 24 1943** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **23**
year **1943** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **September 30 1943** to **November 23 1943**
that I last saw him alive on **November 23 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Bronchopneumonia** Duration **3 days**

Due to **arteriosclerotic Cardio-vascular-Renal disease** Years _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **181**

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **Charles Montani** (M. D. or other) **M.D.**
Address **5147 Daggers Ave** Date signed **11-23-43**

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

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.