

#85191

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14491
Date Filed No. _____
Registrar's No. 4118

FILED MAY 11 1948

Registration District No. 310

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK Memorial (Specify whether)

3. (a) PRINT FULL NAME ANESH NAFFEL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 66 hr. min.

9. Birthplace SYRIA 8 (City, town, or county) (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name JOHN NAFFEL

13. Birthplace SYRIA 8 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace SYRIA 8 (City, town, or county) (State or foreign country)

16. (a) Informant APPA DEEBA

(b) Address 3618 NEOSHO

17. (a) DOBIAE (b) Date thereof MAY 3 1948
(Month) (Day) (Year)

18. (a) Signature of funeral director Thomas Kulis & Son

(b) Address 2906 GRAVOTS

19. (a) APR 30 1948 (b) J.F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 HICKORY 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from 4/26/48
1948, to April 30th, 1948
that I last saw in alive on April 30th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
CORONARY Occlusion 5 days

Due to Myocardial Infarction 5 days

Due to Arteriosclerotic Heart Disease

Other condition (Include pregnancy within 3 months of death)
Pulmonary Emphysema PHYSICIAN

Major findings:
Of operations _____
Of autopsy SAME 9/3 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) (Specify type of place)
While at work? _____ (a) Means of injury
23. Signature Joseph E. Alden 270
1515 Lafayette 4/30/49
Address Date signed

0 0 0 0

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..... *Harold C. Hill*

Licensed Embalmer No..... *4347*

P. O. Address..... *2906 Francis*

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.