

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9637

State File No.

WED MAR 22 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1805**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		d. STREET ADDRESS (If rural, give location) 23 2216-Indiana Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) Francis c. (Last) Bafunno SR.			4. DATE OF DEATH (Month) (Day) (Year) 2 24 52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3/4/1914		9. AGE (In years last birthday) 37		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.		13. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Ser.		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Homeo. Bafunno		13b. MOTHER'S MAIDEN NAME Anna Hruby	
14. NAME OF HUSBAND OR WIFE Alberta Bafunno		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-07-6618	
17. INFORMANT'S SIGNATURE OR NAME Alberta Bafunno		17. ADDRESS 2216 Indiana Ave.		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		II. OTHER SIGNIFICANT CONDITIONS				minutes	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes				probably minutes	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension vascular disease					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			

22. I hereby certify that I attended the deceased from **Nov**, 1951, to **Feb**, 1952, that I last saw the deceased alive on **2-24**, 1952, and that death occurred at **11:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE MILTON A SPITZ (Degree or title) M. D.		23b. ADDRESS 462 N. Taylor		23c. DATE SIGNED 2/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/52		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery	
24d. LOCATION (City, town, or county) St. Louis		24e. (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	
25. ADDRESS 1926 Allen		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith		26. (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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed

Paul G. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No.

4533

P. O. Address

[Signature]

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.