

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43432

FILED DEC 21 1953

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>150</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>27 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2039		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INFIRMARY</u>				d. STREET ADDRESS (If rural, give location) <u>6024 MAGNOLIA</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) c. (Last) <u>CINFFA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-53</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>DEC. 22 - 1886</u>		9. AGE (In years last birthday) <u>66</u>	10. MONTH <u>11</u>	11. DAY <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE REPAIRMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE MAKER</u>		11. BIRTHPLACE (State or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ANTONIO CINFFA</u>		13b. MOTHER'S MAIDEN NAME <u>SANTA CIOEDA</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Conrad, o.s.f. St. Joseph's Hill Mo.</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARALYSIS AGITANS</u>				DUE TO (b) <u>HYPOSTATIC PNEUMONIA</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>CARDIAC INSUFFICIENCY</u>				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 checked="" 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)		4222		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>11/8</u> , 19 <u>53</u> , to <u>DEC 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>DEC. 4</u> , 19 <u>53</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>NORMANDY, 4323 ROLAND DRIVE MO.</u>		23c. DATE SIGNED <u>12/5/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-12-53</u>		REGISTRAR'S SIGNATURE <u>Ruth Giosa 438</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Roghan &amp; Sons</u> ADDRESS <u>Maplewood</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED DEC 18 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Albert Mayfield*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3877*

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.