

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

41610

**1. PLACE OF DEATH**

County St. Louis, Registration District No. 1170  
 Township Central, Primary Registration District No. 6248  
 City Richmond Heights, (No. 7200 Clayton Road, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 279  
 Registered No. 277

**2. FULL NAME** Georgia Belle Rossi,

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor D. Rossi,  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886-1-5  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home,  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 235  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo. /

13. NAME Unknown Hooker,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 31

15. MAIDEN NAME Ella Mallen,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT (ADDRESS) Victor D. Rossi, 7200 Clayton Road,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1/2/33, 19\_\_

19. UNDERTAKER (ADDRESS) Robert J. Smith, Inc. Clayton Road at Concordia Lane

20. FILED \_\_\_\_\_, 19\_\_ Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31st, 1932.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to December 31st, 1932.

I last saw her alive on December 31st, 1932. Death is said to have occurred on the date stated above, at 2:43 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum Date of onset 5/1/32

460 0 4620

Other contributory causes of importance:

Name of operation None (refused) Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

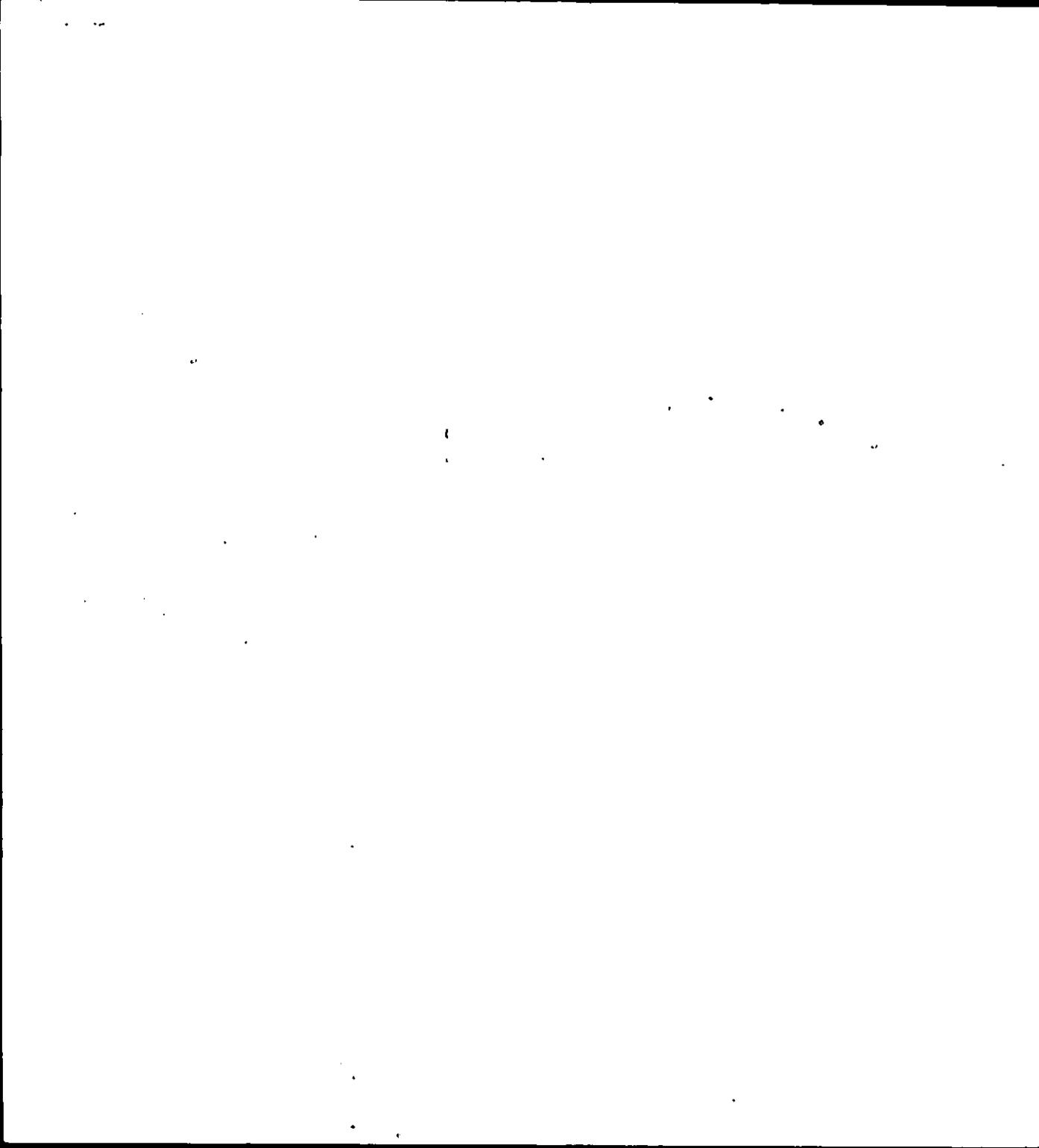
24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify \_\_\_\_\_  
 (Signed) Charles H. Gullman, M. D.  
 (Address) 5183 Cabanne av.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 1170

File No. ....

Township.....

Primary Registration District No. 6248

Registered No. 277

City Richmond Heights (No. ....)

St. .... Ward)

**2. FULL NAME** Georgia Belle Rossi

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

Jan 2, 1933 Roll J. Amfruster Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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