

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940 701

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41314
Registrar's No. 10437

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
6178 Waterman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Modesto Rossi
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Charlotte Rossi 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 22, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>13</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Resturant

12. Name Louis Rossi

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

14. Maiden name Christina Del Giudice
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Charlotte Rossi
(b) Address 6178 Waterman Ave.

17. (a) Burial (b) Date thereof 12-7-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 6 1939 (b) Registrar's signature J. J. [Signature]
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6178 Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 5
year 1939 hour 1 minute 30 a. m.
21. I hereby certify that I attended the deceased from Sept 1939 to Dec 5 1939
that I last saw him alive on Dec 4 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma
Primary site unknown

Due to mytrial Stenosis

Due to _____
Other conditions (include pregnancy within 3 months of death) 53

Major findings: Of operations _____
Of autopsy no

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? _____
23. Signature [Signature] (M. D. or other)
Address 4439 San Francisco Date signed 12/5/39

Duration 19M?
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

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 W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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, above space should be left blank.