

Filed DEC 29 1942 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2837a S. McNair Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **124**  
(d) Street No. **2837a McNair Ave.** (If rural, give location) **924**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Peter Rosani**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Rosani** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **July 13, 1869**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Austria Hungary**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Blacksmith**

11. Industry or business \_\_\_\_\_

12. Name **Jacob Rosani**

13. Birthplace **Austria Hungary**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Buecher**

15. Birthplace **Austria Hungary**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. Rosani**

(b) Address **2837a S. McNair Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 17, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter and Paul (n.w.)**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**

(b) Address **2201 S. Grand Bl.**

19. (a) **DEC 16 1942** (b) **J. F. Brueck**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**  
year **1942** hour **2** minute **0** P. M.

21. I hereby certify that I attended the deceased from **1-17** 19**39** to **Dec 14** 19**42**  
that I last saw him alive on **12-14** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage 4 yrs.**  
Due to **Diabetes mellitus 5 yrs.**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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) **None**  
(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? **no**

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **W. H. Bunsy** (M.D. or other) \_\_\_\_\_  
Address **4755 S. Main St.** Date signed **12/14/42**

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

MOTHER FATHER

#3

4733-2  
J. M. ...  
...

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**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 J. M. ...

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

**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.**