

FILED DEC 15 1942 **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **2 Days**
 (Specify whether

In this community.....
 years, months or days)

3. (a) PRINT FULL NAME..... **Gerald Vassonei**

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

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

6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **December 8th 1942**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 hr. **40** min.

9. Birthplace..... **St. Louis, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **None**

11. Industry or business.....

MOTHER, FATHER { 12. Name..... **Gerald Vassonei**
 13. Birthplace..... **Witt Illinois**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Rosemary Bussen**
 15. Birthplace..... **St. Louis, Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Gerald Vassonei**
 (b) Address..... **3222 Pennsylvania**

17. (a) **Burial** (b) Date thereof **Dec. 8th 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **SS. Peter & Paul Cemetery**

18. (a) Signature of funeral director..... **Wm. J. Robert**
 (b) Address..... **1905 South Grand Blvd.**

19. (a) **DEC 8 1942** (b) **J. F. Bredet**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State..... **Missouri** (b) County..... **17**
 (c) City or town..... **St. Louis, 924**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **3222 Pennsylvania Ave**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **8th**
 year..... **1942** hour..... **12** minute..... **40** A. M.

21. I hereby certify that I attended the deceased from..... **December 8, 1942** to..... **December 8, 1942**
 that I last saw him..... alive on..... **Dec. 8, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Congenital atelectasis** Duration.....
 Due to.....
 Due to..... **161**
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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).....
 (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?..... (Specify type of place)
 (e) Means of injury.....

23. Signature..... **Charles Montani** (M. D. or other) **MD.**
 Address..... **5147 Daggett** Date signed..... **12-8-42**

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 *John Ketter*.....

Licensed Embalmer No. *3880*.....

P. O. Address.....

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.