

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42798
Registrar's No. 10298

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>10298</u>	
1. PLACE OF DEATH a. COUNTY _____				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>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> <u>2269</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1111 N. Market</u>				d. STREET ADDRESS (If rural, give location) <u>1111 N. Market St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mike Rossi.</u>			a. (First)	b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1. 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Sept. 29. 1883</u>		9. AGE (In years last birthday) <u>67</u> If UNDER 1 YEAR: Months <u>2</u> If UNDER 12 HRS.: Days <u>2</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Losse Tailoring Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>5</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>			14. NAME OF HUSBAND OR WIFE. <u>Alta Rossi.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alta Rossi 1111 N. Market</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral thrombosis</u> <u>apoplexy probably</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u> <u>1947</u> <u>1948</u>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>9-23-</u> , 19 <u>50</u> , to <u>12-1-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-1-</u> , 19 <u>50</u> , and that death occurred at <u>10 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray Johnson M.D.</u>				23b. ADDRESS <u>St. Louis, Mo</u>		23c. DATE SIGNED <u>12-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL, etc. <u>Burial</u>		24b. DATE <u>Dec. 5. 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 4 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benedict Hecker 1431 Union Blvd.</u>			

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

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.....

Robert M. Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

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.