

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

399993

FILED DEC 2 1952

State File No. _____

318

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Registrar's No. 10127

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4779 Glover</u>				d. STREET ADDRESS <u>4779 Glover</u>			
3. NAME OF DECEASED (Type or Print) Rosa		a. (First)		b. (Middle)		c. (Last) BOSSI	
4. DATE OF DEATH (Month) (Day) (Year) 10 30 52		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH <u>Nov 12 1878</u>		9. AGE (In years, months, days) <u>73 70</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, avoid retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Pellegrini</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa</u>		14. NAME OF HUSBAND OR LIFE PARTNER <u>John Bossi</u>		15. BOSSI	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>none</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Josephine Valenti same</u>		19. ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>				22. I hereby certify that I attended the deceased from _____, 19 <u>48</u> , to _____, 19 <u>52</u> , that I last saw the deceased alive on <u>10-29</u> , 19 <u>52</u> , and that death occurred at <u>5:55P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H Klein M.D.</u>		23b. ADDRESS <u>HARRY A. KLEIN, M.D.</u> <u>5074 N. UNION BLVD.</u>		23c. DATE SIGNED <u>10-31-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Nov 3 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE RECD BY LOCAL REG. <u>NOV 3 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calabrese</u>		ADDRESS <u>St Louis Mo</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 39993
Local Registrar's No. 10127

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

for Rosa Bossi, who, upon _____ oath, states that the original record of birth death
died 10-30-, 1952, in the State of
born _____

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read Rosa Borsa Bossi

Instead of _____

Item No. 8 should read march 11 - 1882

Instead of _____

Item No. 9 should read age 70

Instead of _____

Item No. 14 should read John Borsa Bossi

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) x Affiant Paul C. Celestini F.D. Relationship.

5140 Daggett
Present Address.

Subscribed and sworn to before me this 4 day of December, 1945

My Commission expires 3-4-53 Celia C. Fuldosh Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it. M A - 130271 D. G. Foley

