

FILED DEC 4 - 1953

318

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No. 41009

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2137	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2720 Brannon Ave.		d. STREET ADDRESS (If rural, give location) 2720 Brannon Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Josephine		b. (Middle)	c. (Last) Rognoni
4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1953.			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 27, 1896.
9. AGE (In years last birthday) 57.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At. Home.	11. BIRTHPLACE (City and State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Alexander Zarinelli	13b. MOTHER'S MAIDEN NAME Julia Viola	14. NAME OF HUSBAND OR WIFE Angelo Rognoni.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Charles Rognoni	ADDRESS 2720 Brannon, Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 443x	
22. I hereby certify that I attended the deceased from 11-2, 1945 , to 11-17, 1953 , that I last saw the deceased alive on 11-16, 1953 , and that death occurred at 3:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Montano M.D.		23b. ADDRESS 5147 Daggett	23c. DATE SIGNED 11-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-20-53	24c. NAME OF CEMETERY OR CREMATORY Nat'l Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Brks, Missouri.
DATE RECD BY LOCAL REG. NOV 19 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Paul CaCalcaterra	ADDRESS 5140 Daggett Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Fred J. Fanned

Licensed Embalmer No. *4788*

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.