

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30325

FILED OCT 2 - 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2458

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:
516 Elm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 69 Years years, months or days)

3. (a) PRINT FULL NAME Angelo Rosso

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 1 29 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Italy Foreign
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retired

12. Name Unknown 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Rosso

(b) Address 516 Elm St.

17. (a) Burial (b) Date thereof 9 / 25 / 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) SEP 24 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 516 Elm St.
(If rural, give location)
(e) Citizen of foreign country? Italy (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 1943 hour 3 minute 00 M.

21. I hereby certify that I attended the deceased from Feb. 4, 1943
to 9/24/43 to 1943,
that I last saw him alive on 9/21/43,
and that death occurred on the date and hour stated above.

Immediate cause of death Artificially Induced
Heart Disease
Due to Arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 21

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 9/24/43
(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 Carl E. Hudley (M.D. or other) _____
Address 608-9 E. Washington Date signed 9-23-43

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.....

L. P. Enap

Licensed Embalmer No.

3633

P. O. Address.....

2317 Lafayette

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.