

FILED SEP 18 1944

State File No. **29869**
Registrar's No. **7656**

Registration District No. **318**

Primary Registration District No. _____

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

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: **Alexian Brothers Hospital**
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution **3 Days** (Specify whether **0**)
 In this community **40 Years**
years, months or days

3. (a) PRINT FULL NAME **Vincent A. Rosso**
3. (b) If veteran, name war **no**
3. (c) Social Security No. _____

4. Sex **Male** **0** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Laura** **6. (c) Age of husband or wife if alive** **68** years
7. Birth date of deceased **April 12 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	4	23	hr. _____ min.

9. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**
11. Industry or business **Bemis Bag Co.**

MOTHER FATHER { **12. Name** **Dominic Rosso**
13. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)
14. Maiden name **not known**
15. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Rosso**
(b) Address **5403 Minnesota**

17. (a) burial **(b) Date thereof** **9-7-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. Petr & Paul**
18. (a) Signature of funeral director **W. Schumacher**

(b) Address **3013 Meramec**

19. (a) SEP 5 1944 **(b) J. Medeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Mad**
St. Louis
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. **5403 Minnesota**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** **4th.**
 year **1944** hour **12** minute **1** A.M.

21. I hereby certify that I attended the deceased from **Aug 31** 19**44** to **Sept 3** 19**44**
 that I last saw him alive on **Aug 3** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**
 Due to _____

Due to **Chronic Myocarditis**
 Other conditions: **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations _____
 Of autopsy _____

Duration _____
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)
 Means of injury _____

23. Signature **Joseph L. Ferris** (M. D. or other) _____
 Address **4406 S. 50th** Date signed **9-5-44**

*Dr. Ferris
4065 A. Street
St. Louis 2911*

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..... *Francis A Williamson*
Licensed Embalmer No. *3565*
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.