

FILED MAY 24 1956

STANDARD CERTIFICATE OF DEATH

19223

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1063

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>83 yrs</u>	c. CITY OR TOWN <u>Lemay 4870</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 Weiss Avenue</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>325 Weiss Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>NMI</u> c. (Last) <u>Rosso</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 7, 1875</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-agent</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dominic Rosso</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Moore Mary Abatta</u>	
14. NAME OF HUSBAND OR WIFE <u>Julia Moore Rosso</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Rosso</u>	ADDRESS <u>325 Weiss Lemay, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Stomach</u>		<u>6 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases to liver and abdominal viscera</u> DUE TO (c) <u>arterio-sclerosis</u>		<u>2 yrs.</u>

19a. DATE OF OPERATION <u>May 14</u>	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>(Specify)</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>(Specify)</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>(Specify)</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>(Specify)</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>(Specify)</u>

22. I hereby certify that I attended the deceased from Jan 4, 1956, to May 14, 1956, that I last saw the deceased alive on May 14, 1956, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George A. D. Sullivan, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Louis 14 Mo.</u>	23c. DATE SIGNED <u>May 14 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>

DATE REC'D BY LOCAL REG. <u>5-15-56</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Romberg, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u>	ADDRESS <u>7814 So. Broadway St. Louis, Mo.</u>
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(Licensed Embalmers' 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.....
Signature of Student Embalmer

Signed *Linier C. Hoffmann*

Licensed Embalmer No...38

P. O. Address...78148

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.