4 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 16

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33546

Registration District No. 784 | Primary Registration District No. 115 | Registrar's No. 1636

1. PLACE OF DEATH: 2

(a) County St. Louis.

(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7194 Delmar, Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri. (b) County St. Louis

(c) City or town University City,
(If outside city or town limits, write "RURAL")

(d) Street No. 7194 Delmar Blv'd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 66. years.

3. (a) PRINT FULL NAME Ferdinand Rossi, Sr. 200

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Josephine Alphonsine Duchene.

6. (c) Age of husband or wife if alive 81. years

7. Birth date of deceased March (Month) 29, (Day) 1858. (Year)

8. AGE: Years 81. Months 5. Days 15. If less than one day _____ hr. _____ min.

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

10. Usual occupation President of

11. Industry or business Rossi Realty Company ?

FATHER
12. Name Jacquomo Rossi. ?
13. Birthplace Piacenza (City, town, or county) Italy. (State or foreign country)

MOTHER
14. Maiden name Rosa Fagoni. 1
15. Birthplace Piacenza (City, town, or county) Italy. (State or foreign country)

16. (a) Informant's own signature Ferdinand Rossi, Jr.
(b) Address 7194 Delmar Blv'd.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9/16/39. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) SEP 14 1939 (Date received local registrar) (b) S. R. Meyer M.D. [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th, day Sep't, year 1939. hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1924, to Sept 13, 1939; that I last saw him alive on Sept 13, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 days (terminal)
Due to Arteriosclerosis, Chronic Myocarditis, Chronic	
Due to Interstitial Nephritis	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 515 Wall Bldg Date signed Sept 14 39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Je 5600
3903 Olive
8-12 a.m.

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 Don Merchant, Registered Apprentice No. 219 working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.