

S. No. 2
A-5-42
5-17-39
PI X32873

FILED AUG 11 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23076

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6480

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2365 Klemm Ave. s.s.
(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:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2365 Klemm
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vincent Rossman
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1942 hour 8 minute 19 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 13 1942 to July 20 1942
that I last saw him live on July 20 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased August 10, 1869
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage Duration 4 1/2

8. AGE: Years 72 Months 11 Days 20
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

10. Usual occupation Nil
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

12. Name John Rossman
13. Birthplace Austria
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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)

16. (a) Informant Mary Rossman
(b) Address 2365 Klemm
17. (a) Burial (b) Date thereof 8/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (c) Means of injury _____

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) JUL 31 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bredeck (M. D. or other) _____
Address 3706 Lafayette St Date signed Jul 31/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Flora Eymck

Licensed Embalmer No.....

1284

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.