V. S. No. 2
30M—5-42
ev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12596

ED MAY 12 1943 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4161

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: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hours. (Specify whether years, months or days)

In this community 17 years.

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. 5115 Washington (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Bruno James Ossana

3. (b) If veteran, name war .....

3. (c) Social Security No. 489-22-0013

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

7. Birth date of deceased October (Month) 8 (Day) 1925 (Year)

8. AGE: Years 17 Months 6 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Emmerson Electric

11. Industry or business .....

MOTHER FATHER

12. Name Eligio Ossana

13. Birthplace Sfruz (City, town, or county) Austria (State or foreign country)

14. Maiden name Josephine Prentari

15. Birthplace Smarano (City, town, or county) Austria (State or foreign country)

16. (a) Informant: Elgio Ossana

(b) Address 5115 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-5-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicli-Son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAY 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 43 hour 7 minute 40 p. M.

21. I hereby certify that I attended the deceased from April 30, 1943, to May 1, 1943, that I last saw him alive on May 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured appendix & generalized peritonitis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations Ruptured appendix & peritonitis

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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature J. E. Marr M.D. (M. D. or other)

Address 403 E. Wt. Lorimer Date signed 5-3-43

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.