

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10733

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

(d) Length of stay: In hospital or institution 0 12 Hours
(Specify whether _____)

In this community 37 years.
years, months or days

3. (a) PRINT FULL NAME Rosolino Russo

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vita 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 6 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Christoforo Russo

13. Birthplace _____ Italy
(City, town, or county) (State or foreign country)

14. Maiden name Munzia Caccionola

15. Birthplace _____ Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Vita Russo

(b) Address 1418 North 19th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli - Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) DEC 16 1944 (Date received) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1418 North 19th St.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/14/44, year 1944 hour 2:30 minute AM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on 12/14/44, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1 day

Due to Cardio-Vascular disease 5 yrs?

Due to Bilateral pneumonia 2-3 days

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 0

3. Signature A. J. Signorelli (M. D. or other) 370
Address 280 W. Taylor Date signed 12/14/44

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

MOTHER FATHER

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.