

No. 2  
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-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10676**  
Registrar's No. **614**

Registration District No. **317**  
Primary Registration District No. **2002**

1. PLACE OF DEATH:  
(a) County **St. Louis,**  
**University City**  
(b) City or town  
(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:  
(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 Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Josephine Duchene Rossi.**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Ferdinand Rossi.**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 6 1856**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**89 10 5** hr. \_\_\_\_\_ min.

9. Birthplace **Paris France**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_  
12. Name **Jean Duchene.**  
13. Birthplace **Paris France**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clemense Noinville.**  
15. Birthplace **Paris France**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ferdinand Rossi.**  
(b) Address **7194 Delmar Blvd.**  
17. (a) **Burial** (b) Date thereof **3-13-46**  
(Burial, cremation, or removal) (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 Blvd.**  
19. (a) **3/13/46** (b) **E. J. Gowan**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**  
year **1946** hour **6:55** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Jan. 7 1946** to **March 11 1946**,  
that I last saw her alive on **March 11 1946**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia.**  
Other conditions **Senility.**  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
Due to **167**  
Due to \_\_\_\_\_  
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 \_\_\_\_\_  
Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address **3720 Washington Ave.** Date signed **3/12**

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

5000

MAY 6 1945

3720 Washington  
JE - 3600  
Apr - 1 to 3 P.M.

JUN 12 1950

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.....

*Raymond L. Harris*

..... Licensed Embalmer No. 4330

P. O. Address.....

*Maplewood (17) 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.