—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 97

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6676

State File No. 7437

Registrar's No. 575

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5600 Lucas & Hunt Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Jennings
(If outside city or town limits, write "RURAL")
(d) Street No.: 5600 Lucas & Hunt Road
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Teresa J. Rosegrant
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Peter Rosegrant
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan. 17, 1861. (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 87 | 1 | 12 | ..... hr. ..... min. |

9. Birthplace: St. Genevieve, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....
FATHER
12. Name: John Canepa
13. Birthplace: Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rosen Canpadonico
15. Birthplace: Italy (City, town, or county) (State or foreign country)
16. (a) Informant: Angelo J. Rosegrant
(b) Address: 5600 Lucas & Hunt Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Jos. W. Clark
(b) Address: 1125 Hodiamont Ave.
19. (a) 3-2-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 1 year: 1948 hour: 12:30 minute: P.M. M.
21. I hereby certify that I attended the deceased from March, 1928, to March 1, 1948, that I last saw her alive on March 1, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma Ascending Colon with Obstruction | 1 year |
| Due to: Chronic Interstitial Myocarditis | 20 yrs |
| Chronic Cholecystitis | |
| Due to: Chronic Nephritis | 20 yrs. |
| Other conditions (Include pregnancy within 3 months of death): 462 | |

Major findings:
Of operations .....
Of autopsy: no

PHYSICIAN — Underline the cause of 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: Frank J. Canepa (M. D. or other) M.D.
Address: 462 N. Taylor Date signed: March 2, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Francis J. Canepa,
Pasteur Bldg.,
1-3 P.M. NE. 6727.

NOV 16 1948

JUL 20 1948

## 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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

**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.