

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11958**
43963

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS,		c. CITY OR TOWN ST LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 910 a NORTH 7th ST.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 25 910 a NORTH 7th ST.		f. STREET ADDRESS (If rural, give location) 22590	

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) c. (Last) ROSSAMANNO		4. DATE OF DEATH (Month) (Day) (Year) DEC. 31, 1954	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/29/1890
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIR MAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ITALY 5
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SAVERTO ROSSAMANNO	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JULIA ROSSAMANNO	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. # 196-36-21115	17. INFORMANT'S SIGNATURE OR NAME JULIA ROSSAMANNO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ADDRESS 910 a NORTH 7th st.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic and Mitral Regurgitation with Cardiac Hypertrophy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 16 mon. DUE TO (c) Ruptured Aortic Aneurysm 1 day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - 022 K
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-28-**, 19**53**, to **12-31-**, 19**54**, that I last saw the deceased alive on **12-30-**, 19**54**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. A. Raymond M.D.	(Degree or title)	23b. ADDRESS 4390 West Pine Bl.	23c. DATE SIGNED 12-31-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/3/55	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 31 1954 J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 4600 NATURAL BRIDGE AVE
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Handwritten scribbles and marks in the top left corner of the page.

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, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *M M Rueter*.....

Licensed Embalmer No. *486*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.