

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29049
6865

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 institution). a. STATE Missouri b. COUNTY 22570	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY Hosp.		e. STREET ADDRESS (If rural, give location) 25 315 S. 3rd ST.	
3. NAME OF DECEASED (Type or Print) a. (First) VINCENZO b. (Middle) ROSIELLO c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY 21 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 27 1877
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONFECTIONER	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) ITALY		12. CITIZEN OF WHAT COUNTRY? U-S-A.	
13a. FATHER'S NAME VINCENZO ROSIELLO		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MARIA ROSIELLO		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PHILOMENA THOMPSON 315 S. 3RD	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ascites; ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart DUE TO (c) Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1005A on _____, from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7/24/56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JULY 25 1956		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kute 2906 Beavie	
DATE REC'D BY LOCAL REG. JUL 23 1956		REGISTRAR'S SIGNATURE Carl Smith MD	

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

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 *Samuel Hill*.....

Licensed Embalmer No. *4349*
P. O. Address *2906 San*.....

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.