THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19223

FILED MAY 20 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER Registrar's No. 4079

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hospital — Length of stay in Ib 6days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Wellston — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1807 Timberlake — Reside on Farm Yes ☐ No ☐

4301 0 09 2278

3. NAME OF DECEASED (Type or print) First: Henry Middle: Last: Rossini

4. DATE OF DEATH Month: 4 Day: 27 Year: 57

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 10-3-~~1898~~ 1899

9. AGE (In years last birthday) 57 ~~58~~ — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef

10b. KIND OF BUSINESS OR INDUSTRY Statler Hotel

11. BIRTHPLACE (City and state or country) Cambyra Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Rossini

14. MOTHER'S MAIDEN NAME Genoneffa Mazza

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 492-07-3828

17. INFORMANT Address Mrs. Irma Rossini 1807 Timberlake

MEDICAL CERTIFICATION 6/25/57 H.S.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction. — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 3 yrs.

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 22, 57 to Apr 27, 57 and last saw ~~him~~ alive on Apr 26

Death occurred at 5 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD Johnson MD — 22b. ADDRESS Ferguson MO — 22c. DATE SIGNED 4-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 4-30-1957 — 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery — 23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Jos. W. Clark F. H. — ADDRESS 1125 Hodiamont Ave.

25. DATE RECD. BY LOCAL REG. APR 29 '57

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Corr, by Aff

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alfred F. Boedeke

Licensed Embalmer No. 2

P. O. Address 1125 Hay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.