

No. 300  
10.48

FILED JAN 25 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 3275

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 3069 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	c. LENGTH OF STAY (In this place) 5-wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	2269
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1529 North 8th., Street	

3. NAME OF DECEASED (Type or Print) Sam Greco			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH July 13, 1876	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Days 5	11. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit & Produce Dealer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Philp Greco		13b. MOTHER'S MAIDEN NAME Maria Mirabelli		14. NAME OF HUSBAND OR WIFE Mrs. Maria Greco	
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mario Ragni, 710 Plantmore Drive	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction.				2-3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arricular Fibrillation. DUE TO (c) Art. Erosclerotic Heart Disease.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				large cyst of left kidney.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input checked="" 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 Jan 6, 1950, to Jan 9, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE Anthony F. Caravella, M.D.		23b. ADDRESS 634 W. Grand Blvd		23c. DATE SIGNED Jan 11, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 1/11/51		REGISTRAR'S SIGNATURE Robert R. Tomke M.D.		FUNERAL DIRECTOR'S SIGNATURE William J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Thomas R. Fenwick

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.