

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21410

1. PLACE OF DEATH JUL 12 1935

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis mo (No. Desloge Hospital) St. Ward)

File No.
Registered No. 5349
St. Ward)

2. FULL NAME Sam Greco
(a) Residence, No. 1032 Graham av. St. 4 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucia Greco</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1894</u>		
7. AGE	YEARS	MONTHS
<u>26</u>	<u>41</u>	<u>5</u>
	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spezzano Piccolo Italy</u>		
FATHER	13. NAME <u>Raffaele Greco</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spezzano Piccolo Italy</u>	
MOTHER	15. MAIDEN NAME <u>Rachella De Cicco</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spezzano Piccolo Italy</u>	
17. INFORMANT <u>Lucia Greco</u> (ADDRESS) <u>1032 Graham av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery Cent</u> DATE <u>June 28 1935</u>		
19. UNDERTAKER <u>Paquale Miceli</u> (ADDRESS) <u>1131 mo Kinghighway</u>		
20. FILED <u>JUN 21 1935</u> <u>J. P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to June 19 1935
I last saw h. alive on June 18 1935 Death is said to have occurred on the date stated above, at 4:10 AM
The principal cause of death and related causes of importance were as follows:

Cachexia from Cancer
Resection of S.T. Stomach
perforation - 6/17/35

Date of onset

Other contributory causes of importance: Toxemia

Name of operation Jejunostomy Date of 6/12/35
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify J. J. Kane
(Signed) J. J. Kane, M. D.
(Address) 1325 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN, WITH SURROUNDING INFORMATION IS A PERMANENT RECORD

