

NOV 15 1937

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

36201
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1 1008
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

2. PRINT FULL NAME Onofrio Greco

(a) Residence, No. 2528 Slattery St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agata Greco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Public Service
10. Date deceased last worked at this occupation (month and year) 1950 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME James Greco

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT James Greco
(ADDRESS) 2528 Slattery

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10/23/37

19. FUNERAL DIRECTOR Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILE OCT 21 1937 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Internal Haemorrhage from Lacerated Lung, Fracture of ribs, Lft. side, and fracture of pelvis due to being thrown from Dodge Sedan, which the deceased was driving, when said auto collided with the curbing in front of about 10800 River View Drive about 4:40 P.M. Oct. 20, 1937, Accident.

Other contributory causes of importance:
1946
20, 0 m
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/20/37
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? NO.
If so, specify Alfred G. Perry, M.D.
(Signed) Alfred G. Perry, M.D.
(Address) Raymond, Colorado

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.

OCCUPATION
FATHER
MOTHER
243
16
31

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clement McNeary

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No. 3732

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.)