

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27042  
Registrar's No. 6938

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5247 Alcott Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 yrs.  
In this community 16 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5247 Alcott Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 16 years.

3. (a) PRINT FULL NAME Vito GRECO

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antonina 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased September 5, 1855  
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Campobello DiMazzara Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Rosario Greco

12. Name Rosario Greco

13. Birthplace Campobello DiMazzara Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Vincenza Rubino

15. Birthplace Campobello DiMazzara Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rosario Greco  
(b) Address 5011 1/2 West

17. (a) Burial (b) Date thereof Aug. 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Nicolson  
(b) Address 1150 No. Kingshighway Bl.

19. (a) AUG 16 1940 (b) J. T. Bredeck  
(Date recorded by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th  
year 1940 hour 2:30 minute AM

21. I hereby certify that I attended the deceased from Dec, 1935, to 8-14, 1940  
that I last saw him alive on March, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions PH  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Carl Greco (M. D. or other) \_\_\_\_\_  
Address 3604 Date signed 8-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

1940-2-1-1 X19311

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arnold W. Schreine

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**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, above space should be left blank.**