

FILED NOV 23 1945

Registration District No. **312** Primary Registration District No. **1003** Registrar's No. **9801**

1. PLACE OF DEATH:

(a) County.....
(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.....
In this community..... 21 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(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) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME

Antonina Greco

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Vito 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 13 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.....
82 9 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Angelo Barbera
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Antonina Passamante
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Tony Bono
(b) Address 5247 Alcott

17. (a) Burial (b) Date thereof Nov. 14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli - Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) NOV 13 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 10 day
year 1945 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 9
..... 19 45 to Nov 10 19 45
that I last saw her alive on Nov. 9 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days

Due to.....

Due to.....

Other conditions 100
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R. R. Meunier (M. D. or other) MD
Address 5330 Geraldine Date signed 11/2/45

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

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..... *Warren A. Carver*

Licensed Embalmer No..... *3534*

P. O. Address.....

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.