

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3853

STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 182

health, Welfare public service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELMWOOD (CLAYTON MO)</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>4000 ELMWOOD PARK MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY Hosp &amp; 17 YRS</b>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>9227 ELWOOD</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Gertrude</b> Middle <b>Griego</b> Last <b>Griego</b>				4. DATE OF DEATH Month <b>1</b> Day <b>16</b> Year <b>1958</b>									
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>2 MARCH 1907</b>		9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>16</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAUNDRY</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>			11. BIRTHPLACE (City and state or country) <b>MISSISSIPPI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>PERRY McCOY</b>				14. MOTHER'S MAIDEN NAME <b>ANNA (MAIDEN NAME UNKNOWN)</b>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>489-22444 MO</b>		17. INFORMANT Address <b>Mr J L Coy 9527 Elwood</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute monocytic leukemia</b> DUE TO (b) <b>Arterio sclerotic Heart disease</b> DUE TO (c) <b>Pulmonary edema. 2042</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour <b>10:40 A.</b> a. m. <b>10</b> p. m. <b>40</b>		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <b>12-25-1957</b> , to <b>1-16-1958</b> and last saw her alive on <b>1-16-1958</b> Death occurred at <b>10:40 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Angelo A. Speno M.D.</b>				22b. ADDRESS <b>6015 Brentwood</b>				22c. DATE SIGNED <b>1-16-58</b>					
23a. BURIAL CREMATION, GRAVE (Specify) <b>Burial</b>		23b. DATE <b>1-23-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Father Jackson</b>				23d. LOCATION (City, town, or county) (State) <b>Crestwood Mo</b>					
24. FUNERAL DIRECTOR <b>J. J. Ordell &amp; Sons 177 East Ridgeland Ave</b>				25. DATE RECD. BY LOCAL REG. <b>1-20-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert B. Donahue MD</b> <i>are</i>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frederic J. Youde*  
Licensed Embalmer No. *42*

D. O. Address *130 6th St  
Wester Chester Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.