

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002992
STATE FILE NUMBER
532
2

FEB 3 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-25
052

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp		Length of stay in lb 40 yrs		d. STREET ADDRESS 2059 5808 Westminister		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sam Middle John Last Greco				4. DATE OF DEATH Month 1 Day 15 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> * 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 17 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painter		11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Greco			13b. MOTHER'S MAIDEN NAME Sarah Passanante			14. NAME OF HUSBAND OR WIFE Elizabeth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 346-07-6484		17. INFORMANT Address Al Greco 5808 Westminister			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) - Carcinoma of Prostate. DUE TO (c) - 177X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio Sclerotic Heart Disease.						INTERVAL BETWEEN ONSET AND DEATH 1 year.	
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 _____ a.m. _____ p.m.							
20d. INJURY OCCURRED WHILE AT <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 Jan 14 58 to 2-15-59 and last saw him alive on 1-15-59 Death occurred at 1507 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Carl J. Reis M.D. (Degree or title)				22b. ADDRESS 1829 map highway		22c. DATE SIGNED M.D. 1/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/19/59	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) St. Louis, Mo		(State)	
24. FUNERAL DIRECTOR ADDRESS Miceli 1150 N. Kingshiway				25. DATE RECD. BY LOCAL REG. JAN 16 '59		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms were related. All diseases in Part I must be causally related.

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 *Stanley F. Ripon*
Licensed Embalmer No. *4193*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.