

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39-019575  
STATE FILE NUMBER  
2 4932  
Registrar's No.

FILED JUN 4 1958 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1520 SELLS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2521 NO. SPRING

3. NAME OF DECEASED (Type or print) First MARY Middle - ARNO - Last ROSS			4. DATE OF DEATH Month MAY Day 19, Year 1959		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 13, 1882	9. AGE (In years at birthday) 77	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) UNKNOWN ITALY 5	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME ANTHONY GRECO	13b. MOTHER'S MAIDEN NAME MARY GAMACCHI	14. NAME OF HUSBAND OR WIFE
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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. NONE	17. INFORMANT Address LOUIS GRECO 8028 GARDNER
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>420-1</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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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
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21. I attended the deceased from <u>May 4<sup>th</sup></u> to <u>May 16</u> and last saw <sup>her</sup> alive on <u>May 18 1957</u> Death occurred at <u>12:00 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>A. H. Sewing</u> (Degree or title)	22b. ADDRESS <u>2342 St Louis</u>	22c. DATE SIGNED <u>5/20/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT	23b. DATE MAY 22, 1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY MAUSOLEUM	23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
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24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. MAY 21 '59	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
-57  
25

*msb*

*Dr. [unclear] 10/13*  
*Y-V [unclear]*

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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 *M W Ruter* .....

Licensed Embalmer No. *4865*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.