

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

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:
Alexian Bros. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
50 years (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")

(d) Street No..... **5127 Dresden Ave**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Michael Giratos Sr.**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **No**

4. Sex..... **Male 0**

5. Color or race..... **Wht.**

6. (a) Single, widowed, married, divorced..... **2 Wid.**

6. (b) Name of husband or wife..... **Julia Giratos**

6. (c) Age of husband or wife if alive..... **Unknown about 1871** years

7. Birth date of deceased.....
Unknown about 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
about 71	Unknown	Unknown	hr. min.

9. Birthplace..... **Slovakia 8**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **John Giratos**

13. Birthplace..... **Slovakia 8**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Michael Giratos Jr.**

(b) Address..... **5127 Dresden Ave.**

17. (a) **Burial** (b) Date thereof **9/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New S. S. Peter & Paul**

18. (a) Signature of funeral director..... **J. G. Moyall**

(b) **SEP 2 1942** **1026 Allen Ave.**

19. (a) **SEP 2 1942** (b) **J. J. Bredeh**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **31** Th.....
year..... **1942** hour..... **11** minute..... **30** P. M.

21. I hereby certify that I attended the deceased from..... **Aug 30**
1942 to..... **Aug 31** 1942
that I last saw him..... alive on..... **Aug 31** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Arterio Sclerosis 6 years

Due to.....

Due to.....

Other conditions..... **AM**
(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..... **0**

23. Signature..... **Adam G. Youngman** (M. D. or other)
Address..... **5439 Harrison** Date signed..... **9/1/42**

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 *JWC*

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

Signed: *Wm. B. Moyzell*

Licensed Embalmer No. *1467*

P.O. Address *1926 Allen a*

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.