

FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31636

State File No. _____

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 35 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sam Gouskos

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased December 25, 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 19 If less than one day hr. 6 min.

9. Birthplace Katastary Zante, Greece
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Restaurant

12. Name UNKNOWN 9

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Self Gouskos

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof Aug. 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Lawn Memorial

18. (a) Signature of funeral director Arthur K. Galotta

(b) Address Crystal City, Mo.

19. (a) Sept. 30 1947 (b) Chas. Balluff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 201 Walnut Street
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1947 hour 9 minute 30 P.

21. I hereby certify that I attended the deceased from 11:00 AM
2 1947, to August 13, 1947
that I last saw him alive on Aug 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to TUBERCULOSIS Pulmonary with

Due to Asthma Bronchial with

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

Major findings:
Of operations 12/12
Of autopsy _____

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 Henry Goulet (M. D. or other) M.D.

Address Crystal City, Mo. Date signed 8/14/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number 10-16-47
Date Filed

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 Geoffrey R. Pollette
Licensed Embalmer No. 3481
P. O. Address Crystal City, Va

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.