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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34159

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8652

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2627 1/2 S. 13th
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2627 1/2 S. 13th
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PETER GILOT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 1)

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DORA

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

7. Birth date of deceased OCT. (Month) 18 (Day) 1858 (Year)

8. AGE: Years 89 Months 11 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) HUNGARY (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name PETER GILOT
13. Birthplace (City, town, or county) HUNGARY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) HUNGARY (State or foreign country)

16. (a) Informant SUSAN HOLTZMAN
(b) Address 2627 1/2 S. 13th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS CEM.

18. (a) Signature of funeral director Thos. Kutis + Son
(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) OCT 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 3
year 1948 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan, 1947 to Oct 2, 1948
that I last saw him alive on Oct 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	1 yr
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD
Address 2752 Chestnut Date signed 10/5/48

(Licensed Embalmer's Statement on Reverse Side)

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 Harmon C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grants

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.