

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24967

6432

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) Anton b. (Middle) c. (Last) Michalitz 4. DATE OF DEATH (Month) (Day) (Year) July 14 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWER 8. DATE OF BIRTH January 15, 1881 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 5 IF UNDER 24 HRS. Days 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Formerly-BeerBottler 10b. KIND OF BUSINESS OR INDUSTRY Griesidick Brewery 11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia, Austria 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Michalitz 13b. MOTHER'S MAIDEN NAME Mary ??? 14. NAME OF HUSBAND OR WIFE Wilma Kriss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY 388-07-3887 17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Michelitz 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Generalized arteriosclerosis with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension and cerebro-cardiac DUE TO (c) damage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4/47x

22. I hereby certify that I attended the deceased from December 6 1950, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7/17/54 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUL 15 1954 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Robert T. Gebbsen*

Licensed Embalmer No. *418*

P. O. Address *2630 St.*

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.