. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33026

FILED SEP 18 1947

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8517

WRITE PLAINLY—USING 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: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 25 ds. (Specify whether
In this community not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anthony Skeraitis (Frank Miller)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Sgl. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 25 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	11	hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation not known

11. Industry or business

FATHER
12. Name ? Stanaitis 0
13. Birthplace Lithuania 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known 0
15. Birthplace Lithuania 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St.

17. (a) Sept. 9th (Burial, cremation, or removal) (b) Date thereof 9-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director John J. Kassly
(b) Address E. St. Louis, Illinois

19. (a) SEP 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1947 hour 12.15 minute A M.

21. I hereby certify that I attended the deceased from Aug. 11, 1941 to Sept. 6, 1947
that I last saw him alive on Sept. 6, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Occlusion	15 min.
Due to Generalized Arteriosclerosis	1941x
Due to Epilepsy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature R. Hopkins (M. D. or other) Sgt. D.
Address 5400 Arsenal St. Date signed 9/6/47

Jefferson City Printing Co.

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.