No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20

Primary Registration District No. 1003

Registrar's No. 20

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1505 S. 7th Streets 1
(If not in hospital or institution, write street number or location)

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

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1505 S.7 Str. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 years years. 0

3. (a) PRINT FULL NAME Michael Baladinskas (Baladenski)

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 Married

6. (b) Name of husband or wife Antonette Baladinskas

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Unknown about, 1869
(Month) (Day) (Year)

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

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Ralph Baladinskas

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Antonette Baladenski

(b) Address 1505 S,7 Str.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 3. 41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mr. E. Moyaell

(b) Address 1926 Allen Ave. 444

19. (a) 1-2-41 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1941 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 20 1940, to to Dec 31 1940, that I last saw h. alive on Dec. 31 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. J. Kyand (M. D. or other)

Address 3549 Pattison Date signed 1/41

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allin

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.