

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33005

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7957

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:
American Care & Sanatory Co.
(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 ²³ ¹⁷ ¹⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 2842 Lafayette
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN BARTINIKAITIS (BARTON)

3. (b) If veteran, name war..... no

3. (c) Social Security No. 489-09-4875

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1941 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

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

6. (b) Name of husband or wife..... Mary 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased About 1877
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Hypertrophy
Sclerosis of Coronary Arteries

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

Duration.....

8. AGE: Years Months Days If less than one day

About 64 Unknown hr. min.

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

10. Usual occupation Moulder

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name. John Bartinikaitis

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

14. Maiden name..... Unknown

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

16. (a) Informant Mary Bartinikaitis

(b) Address 2842 Lafayette

17. (a) Burial (b) Date thereof Oct. 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. Wm C Maydell

(b) Address 1926 Allen Ave.

19. (a) OCT 6 1941 (b) J. J. Baedisch
(Date received local registrar) (Registrar's signature)

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 Wm C Maydell (M. D. or other) 3
Address Imperial Court Date signed 10/14/41

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

R

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.....

Licensed Embalmer No. *4149*

P. O. Address *1926 Allen*

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.