

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18872

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 1389
1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkley		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6155 Shillington Court		d. STREET ADDRESS (If rural, give location) 6155 Shillington Court		
3. NAME OF DECEASED (Type or Print) Francis		a. (First) Francis		b. (Middle) Bartinikaitis
c. (Last) Bartinikaitis		4. DATE OF DEATH (Month) (Day) (Year) May 26 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Jan 11 1904	9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File Clerk		10b. KIND OF BUSINESS OR INDUSTRY Record Center		11. BIRTHPLACE (City and State or Foreign Country) East St Louis Illinois
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME John Bartinikaitis		
13b. MOTHER'S MAIDEN NAME Mary Christian		14. NAME OF HUSBAND OR WIFE Roselyn Bartinikaitis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2nd WW		16. SOCIAL SECURITY NO. 499-34-0973		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Roslyn Bartinikaitis, 6155 Shillington
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Coronary Thrombosis Coronary Sclerosis DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/25, 1952, to 5/26, 1952, that I last saw the deceased alive on 5/25, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. D. Gardner		23b. ADDRESS N. W. 8032 Ave. Rd. Berkley		23c. DATE SIGNED 5/27/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) St Louis Missouri		24e. (State)		
DATE REC'D BY LOCAL REG. 5-27-52		REGISTRAR'S SIGNATURE Richard R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Moydell Funeral Home 1926 Allen Av

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

2007 5 11/17

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Paul A. Stannan

Licensed Embalmer No. 1533

P. O. Address St Louis Mo

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.