

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35231  
State File No. 8697  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Gillespie <i>g/12/8</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 306 South St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Baltuskavich (White)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 15, 1881			9. AGE (In years, last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
11. BIRTHPLACE (City and State or Foreign Country) Liverpool, England			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Baltuskavich, Gillespie, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 443X DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input 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) m.		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 9-2-56, 19\_\_, to 9-18-56, 19\_\_, that I last saw the deceased alive on 9-18-56, 19\_\_ and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul Smith</i> (Degree or title)		23b. ADDRESS 4930 Lindell Blvd.		23c. DATE SIGNED 9-18-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-18-56		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery		24d. LOCATION (City, town, or county) (State) Gillespie, Ill.	
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DATE REC'D BY LOCAL REG. SEP 20 1956		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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, ~~me~~.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edouard Remelino

Licensed Embalmer No. 4283

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.