

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-042177

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 AMENDED
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10494** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **50 yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4427 N. 20th Street** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4427 N. 20th Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **VERONICA (VERA) BALTRES**
4. DATE OF DEATH Month Day Year **November 10, 1961**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. Married** **Never Married**
Widowed **Divorced**
8. DATE OF BIRTH **7-6-1892** **9. AGE (last birthday)** **69**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** **None** **11. BIRTHPLACE** (City and state or country) **Lithuania** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **Anthony Chakaitis** **13b. MOTHER'S MAIDEN NAME** **Anna Kapturauskas** **14. NAME OF HUSBAND OR WIFE** **Anthony Baltres**

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.** **None** **17. INFORMANT** **Anthony Baltres, 4427 N. 20th St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute congestive failure**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Hypertensive heart disease**
 DUE TO (c) **443x**
 INTERVAL BETWEEN ONSET AND DEATH **3 weeks**
13 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Oct 23, 1961** to **Nov 10, 1961** and last saw her alive on **Nov 10, 1961**.
 Death occurred at **11:10 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. J. M. D.** **22b. ADDRESS** **4222 No. Grand Blvd.,** **22c. DATE SIGNED** **11-11-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **11-13-1961** **23c. NAME OF CEMETERY OR CREMATORY** **Calvary Cemetery** **23d. LOCATION** (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **Stock Mortuaries, 2117 E. Grand Bl.** **25. DATE RECD. BY LOCAL REG.** **NOV 13 1961** **26. REGISTRAR'S SIGNATURE** **Loan Smith, M.D.**

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO.

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul A. Wachten

Licensed Embalmer No. 4787

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.