

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18443

1. PLACE OF DEATH

50 County Jefferson
Township Waller
City _____ (No. _____)

Registration District No. 420
Primary Registration District No. 3574

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Frank Bartinikas
(a) Residence. No. Rt. 2 #2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 6 mos. - ds. How long in U.S., if of foreign birth? 28 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Teronica Bartinika

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 - 1879

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
<u>51</u>	<u>11</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor 237
(b) General nature of industry, business, or establishment in which employed (or employer) Concrete Work
(c) Name of employer Geo Herman

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lithuania

10. NAME OF FATHER Frank Bartinika

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

14. INFORMANT August Bartinikas
(Address) De Soto Mo.

15. FILED 5/6 1931 D. H. Tuzgely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1931

17. I HEREBY CERTIFY, That I attended deceased from May 6th 1931, to May 6th 1931, that I last saw him alive on May 6th 1931, and that death occurred, on the date stated above, at 3:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1st Burgina Pectoris
2nd unknown
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Coronary Sclerosis
unknown (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 940

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) G. D. Elders, M. D.

5/6 1931 (Address) De Soto Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul Cemetery DATE OF BURIAL May 9 1931

20. UNDERTAKER Dr Louis, Mo. ADDRESS St Louis
John Klasky Illinois

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1931

