

NOV 15 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 91

36205
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No. Registered No. **9782**
(c) City **St. Louis, Mo.** (d) Street No. **Barnes Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sac Agnes Baltokus**

(a) Residence, No. St. **NR Taylorville, Ill.** -
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 22, 1915**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 10 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, stenographer, etc. **Stenographer - office**
9. Industry or business in which work was done, as saw mill, bank, etc. **office**
10. Date deceased last worked at this occupation (month and year) **July 23, 1937**
11. Total time (years) spent in this occupation **5**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Melrose Park, Ill.**
13. NAME **Leo Baltokus**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuanian**
15. MAIDEN NAME **Emily Skimmas**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuanian**
17. INFORMANT (ADDRESS) **Stanley Baltokus, 24 Taylorville, Ill.**
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Taylorville, Ill. Oct 2, 1937**
19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Home, Inc., 439 N. Euclid Avenue**
20. FILED **OCT 21 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-20 1937**
22. I HEREBY CERTIFY, That I attended deceased from **9-17 1937**, to **10-20 1937**
I last saw her alive on **10-20 1937** Death is said to have occurred on the date stated above, at **7:45 p.m.**
The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis about 5 hrs.
Date of onset **9/10**
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **20**
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **B. N. Charles, M. D.** (Address) **Barnes Hospital**

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.

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Albert G. Hoppe

Licensed Embalmer No. 2971

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.)