S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12904

Registrar's No. 3677

1. PLACE OF DEATH:

(a) County 5800 Arsenal St.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Infirmary 5800 Arsenal St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yrs 11mo 27 Da (Specify whether
In this community 30 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 000

(c) City or town 1406 No 9th. 27 17
(If outside city or town limits, write "RURAL")

(d) Street No. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pete Morkunas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased ? (Month) ? (Day) 1870 (Year)

8. AGE: Years 71 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Lithuania 8 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer Cement Worker

11. Industry or business

FATHER
12. Name Leo Morkunas
13. Birthplace Lithuania 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie ?
15. Birthplace Lithuania 8 (City, town, or county) (State or foreign country)

16. (a) Informant M. Geasland
(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N Taylor ave

19. (a) APR 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour 4:05 minute P.M. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic vascular disease.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations: adhesive pericarditis, aortic stenosis, nephrosclerosis

Of autopsy: Arteriosclerosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Loren Blaney (M. D. or other) MD.
Address 5600 Arsenal Date signed 4-24-42

(Licensed Embalmer's Statement on Reverse Side)

E1

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Glenn E. Henderson

Licensed Embalmer No. 4141

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.