

S. No. 2  
M-1/47  
v. 5-17-39

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29959

National Office of Vital Statistics

State File No. \_\_\_\_\_

FILED SEP 8 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 1798

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/14/47 to 8/19/47  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Sangamon 997

(c) City or town Springfield 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 706 E. Clay Street  
(If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PETKUS, John

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 318-12-3300

4. Sex Male 5. Color or race White

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 August 15 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>68</u>	<u>0</u>	<u>4</u> hr. _____ min.

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

10. Usual occupation Hotel Worker

11. Industry or business \_\_\_\_\_

12. Name Mat Petkus

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

14. Maiden name Paulina Yougminnita

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

16. (a) Informant Registrar VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof 8/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Illinois

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 So. Bdw St. Louis, Mo.

19. (a) 8-22-47 (b) Paula [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1947 hour 7:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from August 14 1947 to August 19 1947;  
that I last saw him alive on August 19 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF OESOPHAGUS  
EROSION THROUGH THORACIC AORTA FROM  
OESOPHAGEAL MASS AND HEMORRHAGE.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations \_\_\_\_\_

Of autopsy Autopsy performed (See Cause of Death)

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

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_ (Specify means of injury)

23. Signature L. B. Stillwell (M. D. or other) \_\_\_\_\_

Address VAH, Jeff. Brks., Mo. Date signed 8-20

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

---

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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Linus C. Hoffmeister*

Licensed Embalmer No.

*3471*

P. O. Address

*7814 S. Broadway*

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.