DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24347

AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6620

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mississippi River 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1602 South 10th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARTIN E. VALIN 450

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 September 12, 1912
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Grand Rapids, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business nil

FATHER
12. Name Carl Valin
13. Birthplace Sweden
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gusta Larsen
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Erich Valin
(b) Address 1913a Shenandoah, St. Louis, Mo.

17. (a) burial (b) Date thereof July 28, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Hoffmeister K. & L. Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 26 1939 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1939 hour 6:45 minute A. 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 Asphyxiation due to Drowning; Found dead in the Mississipp River at the foot of Haven Street, on July 24th, 1939, at about 6:45A.M. TIME, CAUSE, AND MANNER OF SAME COULD NOT BE DETERMINED

Due to

Due to

Other conditions OPEN VERDICT
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 4

23. Signature Alfred Gerry (M. D. or other)
Address Deputy Coroner Date signed 7/28/39

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

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.

Not Embalmed

Signed.....

Licensed Embalmer No. 7814 S Broadway #3

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.