

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13233  
3663  
Registrar's No.

FILED MAY 13 1941  
791

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Grace Vallee

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex FEMALE 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 - 10 - 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FRIEDRICK TOWN, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

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

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Joseph D. Sanders

(b) Address 2361 Mullenduff

17. (a) BURIAL (b) Date thereof 5-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Hubert H. Kelly

(b) Address 1716 N. Taylor Ave.

19. (a) APR 29 1941 (b) Registrar's signature J. T. Vander...  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5054 ~~W~~ MAPLE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18,  
year 1941 hour 2:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 16,  
1941 to April 18, 1941;  
that I last saw her alive on April 18, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cholecystitis with  
Cholelithiasis Duration \_\_\_\_\_

Due to atresia of liver caused

Due to by chr. cholecystitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 720

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

Of autopsy above + gent. arteriosclerosis

PHYSICIAN

Underline the cause to which death is attributed and charge 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_

Address 615 Lafayette Avenue, Date 4/19/41

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

3998

3998

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

Signed Raymond E. Gearke  
Licensed Embalmer No. 3985  
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.