

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **15736**
Registrar's No. **805**

Registration District No. **784** Primary Registration District No. **200**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Allenton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Allenton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Louis T. Valle**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **31**
year **1941** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **negro**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **unk**
(Month) (Day) (Year)

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

8. AGE: Years **at 77** Months _____ Days _____ If less than one day _____ hr _____ min

Immediate cause of death **Chronic Myocarditis**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **None**

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

11. Industry or business _____
MOTHER FATHER { 12. Name **unk**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **unk**
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jessie Roland**
(b) Address **4210A W. Cook, St. Louis 4-4**
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) **APR 14 1941** (b) _____ (Registrar's signature)
(Date received local registrar)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Louis Harry Coronet** (M.D. or D.O.)
Address **Kirkwood, Mo., 4-2-4** Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.