

FILED MAR 13 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples' Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community About 40 years
years, months or days).

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 4340 Easton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME LOUIS VALUE

3. (b) If veteran, name war --- 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Value 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct. 26 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Scullins Steel Company

12. Name Louis Value

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

14. Maiden name Frances Unknown

15. Birthplace Una available Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Value

(b) Address 4340 Easton Avenue

17. (a) Burial (b) Date thereof 3/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PARK

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAR 6 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1944 hour 12: minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 24-44
to Mar 7 1944
that I last saw him alive on March 1
and that death occurred on the date and hour stated above.

Immediate cause of death Emboli (Pulmonary)
Due to ///
Due to ///
Other conditions Haemorrhoid operation
(Include pregnancy within 3 months of death)
Major findings: Large Intestine
Of operations Haemorrhoid
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?
23. Signature W. J. ... (M. D. or other)
Address 539 N. Grand Date signed 3/6/44

STATEMENT BY LICENSED EMBALMER

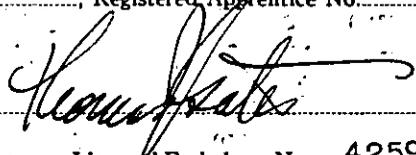
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Thomas J. Gates in s

Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.