

FILED APR 20 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3355**

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

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:
3225 N. Florissant Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years +
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Valentine Boverly

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

4. Sex Male 5. Color or Race W
 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 Sept. 3rd, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Valentine Boverly

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

14. Maiden name Dont know

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

16. (a) Informant Helen Selby
 (b) Address 3812 penrose St.

17. (a) Burial (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) APR 11 1944 (b) J. F. Brudeck
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. Florissant Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
 year 1944 hour 11.00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Dec 12 1943 to April 6th 1944
 that I last saw him alive on April 6th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chronic Myocarditis 28 hours
 Duration ???

Due to.....
 Due to.....

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

Major findings: None
 Of operations.....

Of autopsy..... None

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) None
 (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 Donald L. Stone (Specify type of place) _____
(M. D. or other)
 Address 2302 Jackson St Date signed 4-7-44

B. F. Flatt
2300 Salisbury St

9564

3355

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 *Robert L. Dinkman*

Licensed Embalmer No. *3553*

P. O. Address *9710 N Grand*

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.