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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH  
 1003

State File No.  
 Registrar's No.

FILED JUL 26 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Hospital 0  
(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)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 4286 San Francisco Ave. 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma P. Valleroy

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emmet J. Valleroy 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 20 1880  
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day hr. min.
	<u>66</u>	<u>11</u>	<u>1</u>	

9. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Henry Terbrak

13. Birthplace Germany  
(State or foreign country)

14. Maiden name Mary Renaud

15. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Emmet Valleroy

(b) Address 4286 San Francisco Ave.

17. (a) Burial (b) Date thereof 7/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) JUL 22 1947 (b) J. F. Prudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
 year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 25-47  
 to 7-21-47, 1947 that I last saw her alive on 7-20-47, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis - 1da  
Arteriosclerotic Disease - 6mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 94  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Geo. D. Miller (M. D. or other) 0  
 Address 2739 W. Grand Date signed 7/27/47

(Licensed Embalmer's Statement on Reverse Side)

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**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

*[Handwritten Signature]*

Licensed Embalmer No. ....

*4366*

P. O. Address

*Home, Md*

**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.**