

No. 2
-1747
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14735
Registrar's No. 4331

National Office of Vital Statistics
FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1719a S. 8th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

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. 1719a S. 8th
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANTHONY (ANTONIO) VALDES

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCES (c) Age of husband or wife if alive 47 years

7. Birth date of deceased APRIL 13 - 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1948 hour 8 minute 15 AM

21. I hereby certify that I attended the deceased from 3/5/48
19....., to 5/7/48, 19.....
that I last saw him alive on 5/7/48, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 0 Days 24 If less than one day
.....hr.min.

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

10. Usual occupation UPHOLSTERER

Immediate cause of death Cardiac Valvular Disease
mitral (Regurgitation) 92(b)
Due to Rheumatismic 30 yrs.
Myocarditis Chronic 30 yrs.
Rheumatic 93c
Due to..... 2 mos
Other conditions Cardiac Regurgitation
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 12. Name FRANCISCO VALDES

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

14. Maiden name SACRAMENTO VALDES

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

16. (a) Informant FRANCES VALDES

(b) Address 1719a S. 8th

17. (a) BURIAL (b) Date thereof MAY 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. PETER + PAUL CEM.

18. (a) Signature of funeral director Thomas Kelly
(b) Address 2906 GRAYOIS

19. (a) MAY 8 1948 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations..... 92

Of autopsy.....

Underline the cause of 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.....

Where did injury occur?..... (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

(d) While at work..... (e) Means of injury.....

23. Signature James E. Gray (M. D. or other) MD
Address 2538 So. Grand Date signed 5/7/48

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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.....

Leo Dudder
.....
Licensed Embalmer No. *3989*

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.