S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18720
4.392

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Childrens Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gillespie 0120
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) Last: Valerio
b. (~~Middle~~) 1st: Kenneth
c. (~~Last~~) 2nd: Wayne

4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 51

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 12-15-46
9. AGE (In years last birthday) 4 yr | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Litchfield, Ill 8
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Louis Valerio
13b. MOTHER'S MAIDEN NAME Eleanor Whitlow
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Louis Valerio — **ADDRESS** Gillespie Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 204.1

22. *I hereby certify that I attended the deceased from* 5-7, 1951, *to* 5-10, 1951, *that I last saw the deceased alive on* 5-10, 1951, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Don L Thurston M.D. (Degree or title)
23b. ADDRESS 500 So. Kingshighway
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-10-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Gillespie (State) Ill

DATE REC'D BY LOCAL REG. MAY 10 1951
REGISTRAR'S SIGNATURE J B Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Ronald O Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.