No. 300
10-48

FILED MAR 3 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6164

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 74

**1. PLACE OF DEATH**
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place) 10da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvins 094
d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print)
a. (First) MARY
b. (Middle) JANE
c. (Last) VALLE

**4. DATE OF DEATH** (Month) Feb (Day) 22 (Year) 1952

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** Aug 25, 1878
**9. AGE** (In years last birthday) 73 — If under 1 year: Months 5 Days 27 — If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) St. Francois Co, Mo 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Unknown
**13b. MOTHER'S MAIDEN NAME** Unknown
**14. NAME OF HUSBAND OR WIFE** William Benjamine Valle

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service) no
**16. SOCIAL SECURITY NO.** none
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Almamae Margold **ADDRESS** St. Louis, Mo

**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) Arterio sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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.* Fracture R+ hip

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** H200F
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT** (Specify) ~~SUICIDE~~ HOMICIDE
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) home
**21c. (CITY, TOWN, OR TOWNSHIP)** Elvins **(COUNTY)** St Francois **(STATE)** Mo
**21d. TIME OF INJURY** (Month) 2 (Day) 16 (Year) 52 (Hour) 1A m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** Started to Bath room slipped fell

22. *I hereby certify that I attended the deceased from* 2-16, 1952, *to* 2-22, 1952, *that I last saw the deceased alive on* 2-21, 1952, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** C H Applberry (Degree or title) MD
**23b. ADDRESS** Flat River, Mo
**23c. DATE SIGNED** 2-23-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Feb-26-1952
**24c. NAME OF CEMETERY OR CREMATORY** St. Francois Memo.
**24d. LOCATION** (City, town, or county) St. Francois Co. **(State)** Mo

**DATE REC'D BY LOCAL REG.** Feb 26, 1952
**REGISTRAR'S SIGNATURE** Esther Rudolph
**25. FUNERAL DIRECTOR'S SIGNATURE** Sparks F. Home **ADDRESS** Flat River, 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 Murphy L Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.