

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35134

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City, **St. Louis, Mo.** (No. **Mo. Papr. Sam**) St. Ward)

File No.
 Registered No. **10295**

2. FULL NAME

(a) Residence, No. **4230 Heramecs** St., **10** Ward, ..
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-6-1927		
7. AGE	YEARS	MONTHS
—	—	2 days
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11-8-1927**
 17. I HEREBY CERTIFY, That I attended deceased from **November 6, 1927**, to **November 8, 1927**, that I last saw him alive on **11/8/27**, 19... and that death occurred, on the date stated above, at **9:50 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
159 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **1610** (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....
 WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)..... **Francis Aust**....., M. D.
 , 19 (Address) **Mo. Bldg.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Le Roy H. Valey
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baribouet, Mo. (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Minnie D. Lush
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

14. INFORMANT **Theresa A. Higgins R.N.**
 (Address) **Mo. Papr. Sam.**

15. NOV 17 1927
 FILED..... 19..... **May 6 Starckoff**
 REGISTER

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **FUTTON FIELD** DATE OF BURIAL **11-18-1927**

20. UNDERTAKER **E. Shuman 1426 Locust**
 ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

