

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

Do not use this space.

7978

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. Marys Infirmary)

File No. ....  
Registered No. 2349  
St. .... Ward)

**2. FULL NAME**

Cornis Valenti  
(a) Residence No. 1233 Purcell St., 22 Ward. St. Louis Co. Mo  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Connel Valenti</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 16 - 1900</u>				
7. AGE	YEARS <u>30</u>	MONTHS <u>4</u>	DAY <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer 69

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN)  
New Orleans  
(STATE OR COUNTRY)

10. NAME OF FATHER James Valenti

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) Unknown

14. INFORMANT Frances Valenti  
(Address) 1233 Purcell St.

15. FILED Feb 21 1931  
REGISTRAR Wm. Stark

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/18, 1931, to 2/20/31, 1931, and that I last saw him alive on 2/20/31, 1931, and that death occurred, on the date stated above, at 1:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Dilatation of Heart.  
92H  
56E  
95B (duration) ..... yrs. .... mos. 1 ds.  
CONTRIBUTORY Myocardial & Aortic Stenosis  
(SECONDARY) in origin  
Probably Rheumatic (duration) 10 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH 1233 Purcell

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) R. O. Mueher, M. D.  
2/20, 1931 (Address) 1536 Purcell

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Feb 27 1931

20. UNDERTAKER Strook & Carroll ADDRESS 4660 East Bridge

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

