

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

Do not use this space.

6906

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1003
City St. Louis, Mo. (No. City of St. Louis)

File No.
Registered No. 1994
St. Ward)

2. FULL NAME Henry Valentine

(a) Residence, No. 1708 Allen St., 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

<u>81</u>	<u>2</u>	<u>19</u>	
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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 91

MOTHER

15. MAIDEN NAME T. Mann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT M. F. Holbrook
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE March 1, 1922

19. UNDERTAKER C. Hoffmeister W.P.
(ADDRESS) 2214 28th Broadway

20. FILED MAR - 1 1922
W. C. Workley
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28/32 .19

22. I HEREBY CERTIFY, That I attended deceased from 2/19/32, 1932 to 2/28/32, 1932.
I last saw him alive on 2/28/32, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cellulitis of left foot from infection cause unknown
930
152 B
152
Other contributory causes of importance:
Chronic myocarditis
Hypertension

Name of operation 930 Date of 9/30/31
What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury D
Nature of injury D

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ?
(Signed) J. S. McDonald M. D.
(Address) 5800 Arsenal St. St. Louis

COPYED 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.

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