

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

Do not use this space.

JAN 14 1935

44841

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **5121**, **McLusk Ave**) St. Ward

File No.
Registered No. **11963**
St. Ward

2. FULL NAME *Emilia Valdes*

(a) Residence, No. **5121 McLusk Ave** St. **9** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 4 1914</i>				
7. AGE	YEARS <i>20</i>	MONTHS <i>8</i>	DAYS <i>14</i>	If LESS than 1 day, hrs. or
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓			
	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 ✓			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Texas</i>			
	13. NAME <i>Expidion Valdez</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mexico</i>			
FATHER	15. MAIDEN NAME <i>Mariana Barrera</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mexico</i>			
17. INFORMANT <i>Emilia Valdez</i> (ADDRESS) <i>5121 McLusk Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>Dec 20</i> , 19 <i>34</i>				
19. UNDERTAKER <i>Math Hermann & Son</i> (ADDRESS) <i>2161 E Fairway</i>				
20. FILED <i>LCG 19 1934</i> <i>J. F. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 18*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw h. alive on, 19, Death is said to have occurred on the date stated above, at *12:45* m.

The principal cause of death and related causes of importance were as follows:

*Lobes Pneumonia - Fatty
Degeneration of Heart
Chronic
Parenchymatous Nephritis*

Date of onset *1-5-34*

Other contributory causes of importance:
1-31-34

Name of operation **Date of** *7-30-34*

What test confirmed diagnosis? **Was there an autopsy?** *Yes*

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 ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) *J. F. Bredeck*
(Address) *5121 McLusk Ave*

12/18/34

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.

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

