

MAR 5 1935

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

Do not use this space.

7185

1. PLACE OF DEATH

County St. Louis Registration District No. 3  
Township St. Louis Mo. Primary Registration District No. 3  
City St. Louis Mo. (No. Deaconess Hosp.)

File No. \_\_\_\_\_  
Registered No. 1578  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 3673 Sherman Ave. St. 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery  
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) St. Louis Mo

13. NAME John Valland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Louis Valland  
3673 Sherman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 2-18 1935

19. UNDERTAKER (ADDRESS) J. J. Schumacher  
3012 Michigan

20. FILED 5 26 1935 19 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1935 to 2-15 1935

I last saw him alive on 2-15 1935. Death is said

to have occurred on the date stated above, at 9:10 A.M.

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

Fracture of r.h. femur Date of onset 1/29/35

Other contributory causes of importance: Pulmonary embolus

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-29 1935

Where did injury occur? At his home (Specify city) or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell through doorway, down a step

Nature of Injury Fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) L. E. Hosts, M. D.

(Address) Deaconess Hosp

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.

