

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **City Infirmary**)

City **City Infirmary**

File No. **22277**

Registered No. **6029**

St. _____ Ward)

2. FULL NAME

Henry Valaury,

(a) Residence, No. **City Infirmary.**

(Usual place of abode) **5800 Arsenal St.**

st. Hospital Ward. 13

(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)

Single

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

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

June 3, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1889

48

02

16

OCCUPATION

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

Salesman

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

Unknown

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

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

Albania.

FATHER MOTHER

13. NAME

Theodore Valaury.

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

Albania.

15. MAIDEN NAME

Zenia ?

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

Albania.

17. INFORMANT (ADDRESS)

E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLAC **St. Matthews Cem** DATE **June 22, 1937**

19. UNDERTAKER (ADDRESS)

Heck Bros 2201 So. Grand Blvd.

20. FILED

JUN 22 1937

J. T. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from **March 25, 1937, to June 19, 1937**

I last saw him alive on **June 19, 1937** Death is said to have occurred on the date stated above, at **11:15 A.M.**

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

NEURO-SYPHILIS

Date of onset

Other contributory causes of importance:

J. H.

Name of operation..... Date of.....

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **J. H.**

M. D.

(Address) **5800 Arsenal**

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 PLAIN WITH UNADING INFANTILE IS A PERMANENT RECORD

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