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

NOV 23 1937

Do not use this space.

38831

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248B — Registered No. 410

City Jefferson Barracks (No. Veterans Hospital St. Ward)

2. FULL NAME TOTZELL, Valentine

(a) Residence, No. St., Ward. Kampsville, Illinois (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unkn. 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1847

7. AGE: Years 90 — Months 3 — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Union (STATE OR COUNTRY) Missouri

FATHER

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk Marie Schilling (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Ill. DATE Oct. 9, 1937

19. UNDERTAKER C. Hoffmeister Und. & L. Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Oct 8, 1937 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to October 7, 1937. I last saw him alive on October 7, 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

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

	Date of onset
Arterio-sclerosis with hypertension and myocardial degeneration.	Unkn.
Other contributory causes of importance: Arterior Sclerotic Gangrene, left leg.	7-1-37

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. H. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.