

18 1938
 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.

DEPT OCT 19 1938

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

33323
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 1678
 (c) City Sappington (d) Street No. Gravois Road Sappington Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Michael Valentine
 (a) Residence, No. Gravois Rd. Sappington, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 0 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor
 9. Industry or business in which work was done, as 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) Austria Hungary

13. NAME Not Known- Valentine

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Joe Valentine
 (ADDRESS) Sappington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 10-18 1938

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois Ave.

20. DATE OCT 18 1938 19 70 Meyer M.D. & P.H.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20 1938, to Oct 15 1938
 I last saw him alive on Oct 5 1938 Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Chronic Myocarditis Date of onset 1937

Other contributory causes of importance: 93C

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? no

If so, specify Arteriosclerosis
 (Signed) Michael Valentine M. D.
707 Sappington Mo (Address)

B.C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Clarence P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *6937 G. Haven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.