

DEL 12 1938

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

37735
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791
(b) Township..... 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 937 Withnell 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 Margaret D. Valentine

(a) Residence, No. 937 Withnell St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Louis O. Valentine Sr.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 4 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Daniel Sexton

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) S

MOTHER 15. MAIDEN NAME Margaret Donnelly

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) S

17. INFORMANT (ADDRESS) Louis Valentine
937 Withnell

18. BURIAL CREMATION, OR REMOVAL PLACE Old SS. Peter & Paul DATE Nov. 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Schumacher
3013 Meramec St.

20. FILED NOV 21 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1938, to Nov 19 1938
I last saw her alive on Nov 18 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Basillary pneumonia Date of onset 11/10/38

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis clinical 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.....
(Signed) E. J. Graw M. D.
(Address) 2224 Grand

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

1-2-78

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,

Gay Deleau

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Gay Deleau*

Licensed Embalmer No. *2906*

P. O. Address *3013 1/2 Main*

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.