

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

12192
 Do not use this space.

REC'D APR 6 1939

1. PLACE OF DEATH

(a) County St. Genevieve 3 Registration District No. 780
 (b) Township St. Genevieve 1 Primary Registration District No. 6025
 (c) City..... (d) Street No..... 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 17

2. PRINT FULL NAME 400 HENRY W. VALLE

(a) Residence, No. St. (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 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 PHILOMENA GRITHER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 8 1886
 7. AGE YEARS 52 MONTHS 11 DAYS 13 IF LESS THAN 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 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) STE GENEVIEVE (STATE OR COUNTRY) MISSOURI

13. NAME JOSEPA VALLE

14. BIRTHPLACE (CITY OR TOWN) STE GENEVIEVE (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME MARY BAUMAN

16. BIRTHPLACE (CITY OR TOWN) STE GENEVIEVE (STATE OR COUNTRY) MISSOURI

17. INFORMANT PHILOMENA VALLE (ADDRESS) STE. GENEVIEVE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE STE GENEVIEVE MO DATE MAR. 24 39

19. FUNERAL DIRECTOR (NAME) H. C. BASH (ADDRESS) St. Genevieve Mo

20. FILED Mar 22, 1939 T. W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 21 1939

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

FALLING OFF OF A HAY RAKE INTO POOL OF WATER. CONCUSSION & DROWNING ACCIDENTAL DEATH. (VERDICT OF JURY) 50
 Other contributory causes of importance: 10

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 ACCIDENTAL Date of injury 2/21, 1939
 Where did injury occur HIGHWAY B. S. STE GENEVIEVE CO. MO. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 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) H. C. Bash Coroner M.D.
 (Address) St. Genevieve, Mo.

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.

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,

Lee C. Bash or by

Registered Apprentice No., working under my personal supervision.

Signed... *Lee C. Bash*

Licensed Embalmer No. *1985*

P. O. Address *St. Jernimo Mo*

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.