

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

17253
Do not use this space.

1. PLACE OF DEATH ^{12 1939} 791
 (a) County Registration District No. 1008
 (b) Township Primary Registration District No.
 (c) City or St. St. Louis (d) Street No. City Hospital No. 1 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.
 #. 81

2. PRINT FULL NAME 432 Mariana Valdez
 (a) Residence, No. 500 Gimblin St. 8 (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 Aspiridron Valdez

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>45</u>	<u>4</u>	<u>5</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HWK
 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) Mexico 3

FATHER 13. NAME Francis Barrers 3
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 3

MOTHER 15. MAIDEN NAME Unknown 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE MAY 27 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DIETRICH T. HOME
2319 HOLIS FERRIS Rd

20. FILED MAY 26 1939 J. B. Valdez
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/39, 19 ..
 22. I HEREBY CERTIFY, That I attended deceased from 4/3/39, 19 5/25/39, 19 ..
 I last saw h. her on 5/25/39, 19 .. Death is said to have occurred on the date stated above, at 8.45 a
 The principal cause of death and related causes of importance were as follows:

Date of onset

*Generalized thrombophlebitis
 of lower extremities & abdomen
 in part of liver*

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) Jos. L. Lucich, M. D.
 (Address) City Hospital No. 1

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD
 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.

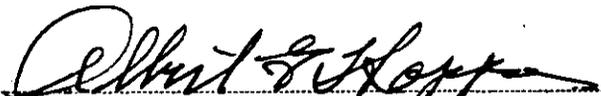
STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 2971

P. O. Address.....

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.