DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13562

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3764

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2626a Wyoming St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2626a Wyoming
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alex A. Valentine 453

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 4, 1856
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 3 | 19 | hr. min. |

9. Birthplace Sparta, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bldg. Contractor

11. Industry or business

FATHER
12. Name James Valentine
13. Birthplace New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabella McChesney
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Nina McFordan
(b) Address St. Louis, Mo.

17. (a) E. St. Louis, Ill (b) Date thereof Apr. 26, 1940
([redacted] removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope E. St. Louis Ill

18. (a) Signature of funeral director [signature]
(b) Address East St. Louis, Ill.

19. (a) APR 26 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr. day 23, year 1940 hour 4:20 P.M. minute M.

21. I hereby certify that I attended the deceased from April 19, 1940, to April 23, 1940 that I last saw him alive on April 22, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Interstitial Nephritis | |
| Due to | |
| Due to | |
| Other conditions Chronic Bronchial Asthma (Include pregnancy within 3 months of death) Arteriosclerosis | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature F. W. Seninga MD (M. D. or other)
Address 3315 S. Jefferson Ave Date signed April 25 1940

(Licensed Embalmer's Statement on Reverse Side)

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. 3162

P. O. Address. East St. Louis, I

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

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