

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town Saint Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Masonic Hospital 5357 Delmar Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Valentine A. Fath,3. (b) If veteran,
name war _____3. (c) Social Security
No. NONE4. Sex Male 5. Color or race White
6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife Junette Fath
6. (c) Age of husband or wife If
alive _____ years7. Birth date of deceased February 28th, 1869.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 6 12 hr. min.9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Heating Contractor11. Industry or business RETIRED12. Name Valentine Fath, Sr.13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Annie Stutz15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edith J. Martin(b) Address 5345-A Quincy Street.17. (a) Burial (b) Date thereof Sept. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Saint Pauls Churchyard.18. (a) Signature of funeral director Regenhein Bros.(b) Address 2623 Cherokee Street.19. (a) SEP 11 1940 (b) J. P. Proctor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County _____
 (c) City or town Saint Louis. 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5357 Delmar Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10th.
year 1940. hour 3 minute 20 A. M.21. I hereby certify that I attended the deceased from Jan. 2,
1940, to Sept. 10, 1940;
that I last saw h im alive on Sept. 9, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Multiple Myeloma
(origin, fifth and sixth ribs, left) 1 yr
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Exploratory, malignant.

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. P. Proctor (M.D. or D.O.)Address 508 N. Grand Blvd. Date signed 9/10/40

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.