

Registration District No.

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis, Co. (Jennings)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7352 Calvin Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 42 years

3. (a) PRINT

FULL NAME Joseph Valencia  
 (b) If veteran, name was None.  
 (c) Social Security No. None.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mary Valencia  
 (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased March 19th 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 8 19 hr. min.

9. Birthplace Yucatan Gen. Amer.  
(City, town, or county) (State or foreign country)

10. Usual occupation General Laborer.

11. Industry or business \_\_\_\_\_

12. Name Joseph Valencia.

13. Birthplace Spain.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.  
 15. Birthplace Spain.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jos Valencia

(b) Address 3111.3 R#1 Florissant Mo

17. (a) Burial. (b) Date thereof Dec. 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Brookland Und. Co

(b) Address 1827 HOBAN STR.

19. (a) DEC 11 1940 (b) J. W. Redick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8,  
 year 1940 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from November 29,  
 1940 to December 8, 1940  
 that I last saw him alive on December 8, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cellulitis and Abscess of thigh

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
Pulmonary Tuberculosis

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature William H. Elliott (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/9/40

**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

*J. S. Sullivan*

Licensed Embalmer No. 1122

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.**