V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1942
FILED FEB 24 1942

Registration District No. 791 Primary Registration District No. 1003

State File No. 962
Registrar's No. 888

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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County
(c) City or town Modoc
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Mary L. Valleroy

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph A.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 9 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	18	hr. min.

9. Birthplace Modoc (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Will
13. Birthplace Illinoie (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Montroy
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Joseph A. Valleroy
(b) Address Modoc, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Red Bud, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 6 minute 45 P.M.

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

Immediate cause of death Chronic Adhesive Pericarditis
Contracted Pericardium (Syph.)
Due to Endang
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 4 0
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Dr. Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 1-28-42

(Licensed Embalmer's Statement on Reverse Side)

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. Wm. Dimbley

Licensed Embalmer No. 19653

P. O. Address St. Louis 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, fact should be so stated above.