

FILED JUN 15 1942 91

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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

3. (a) PRINT FULL NAME M. Oscar E. Valliere

3. (b) If veteran, name war None 3. (c) Social Security No. 488-05-1701

4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Valliere 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 5 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 3 29 hr. min.

9. Birthplace Winnipeg Canada 2  
(City, town, or county) (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business General Electric Co.

MOTHER FATHER { 12. Name Edwin Valliere  
13. Birthplace Canada 2  
(City, town, or county) (State or foreign country)  
14. Maiden name Marsin  
15. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oscar E. Valliere  
(b) Address 4975 Northland Pl.

17. (a) Burial (b) Date thereof June 6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joe W. Clark  
(b) Address 1125 Hodiamont Ave.

19. (a) JUN 5 1942 (b) J. F. [Signature]  
(Date of issue) (Local year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4975 Northland Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4<sup>th</sup> day June  
year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-11-41  
to 6-4 1942  
that I last saw him alive on 6-4- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of coronary vessels  
Angina pectoris  
Hypertension  
Due to Coronary artery disease  
Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature George A. Carroll (M. D. or other) O  
Address 607 N. Grand Date signed 6-9-42

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

100  
17  
9

103

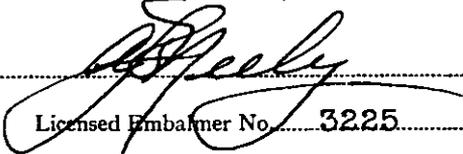
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**STATEMENT BY LICENSED EMBALMER**

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. 3225

P. O. Address 1125 Hodiament Ave.....

**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.**