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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

5843
State File No.
Registrar's No. 1457

Registration District No. _____ Primary Registration District 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: 2928 N. Newstead
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Frank L. Vallee
3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Vallee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Clerk

11. Industry or business Motor Truck

MOTHER FATHER
12. Name Louis L. Vallee
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Astasia Moore
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Vallee

(b) Address 2928 N. Newstead Ave.

17. (a) Burial (b) Date thereof Feb. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME While at work? _____
(Specify type of place)

(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 15 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 18
(c) City or town St. Louis 710
(If outside city or town limits, write "RURAL")
(d) Street No. 2928 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 14th
year 1944 hour 5:00 47 A. M.
Minute

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

Immediate cause of death Coronary Occlusion
arteriosclerosis

Due to _____

Due to 94a

Other conditions _____
(Include pregnancy within 3 months of death)

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)

(e) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address 11111 Colburn Date signed 2/18/44

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

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.....

John A. Minnai

Licensed Embalmer No. 4186

P. O. Address. *W. Lewis St.*

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.