

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8880**

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

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: **Jewish Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

In this community **?**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Normandyemore Drive**
(If outside city or town limits, write "RURAL")

(d) Street No. **7005 Claremore Drive**
(If rural, give location) **N.R.**

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Ida F. Vallee**

(b) If veteran, name war **No**

(c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17th**
year **1944** hour **9:30** minute **P.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Frank L. Vallee**

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 28, 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9/19/44**
19____ to **10/17/** 19____

that I last saw her alive on **10/17/** 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
70	0	19	hr. _____ min.

Immediate cause of death
Cardio-vascular Renal disease
complicated by
uremia and one
convulsion

Due to _____ **3 days to a week**

Due to _____

9. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

Other conditions (include pregnancy within 3 months of death) **12/**

11. Industry or business _____

12. Name **Fred Nolte**

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

14. Maiden name **Mary Schrader**

15. Birthplace **Cape Girardeau, Mo.**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Francois C. Vallee**

(b) Address **7005 Claremore Drive**

17. (a) **Burial** (b) Date thereof **Oct. 20, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

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? _____

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **OCT 19 1944 J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Joseph Brudeck** (M. D. or other) **MD**

Address **4828 Natural Bridge Blvd** Date signed **10/18/44**

416 2 21. Taylor Ave
3-4-30
Ditt

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. Mlinar
Licensed Embalmer No. 4186
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.