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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944

THE 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. **9561**

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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2916a N. 21st St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Mrs. Lucy Jane De Valley

3. (b) If veteran, name war none

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 Henry De Valley 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 15th 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Salene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert A. Thomas

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

14. Maiden name Jaenette King

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

16. (a) Informant Mr. Henry De Valley

(b) Address 2916a N. 21st. 1944

17. (a) Burial (b) Date thereof 11-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 11 1944 (b) J. F. Bradeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1944 hour 8:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 9
1944 to November 9, 1944;
that I last saw her alive on November 9, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhage 4 hrs.

Due to Carcinoma of the cervix ? mo.

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Robert E. Holt, M.D. Date signed 11/10/44

Address 1515 Lafayette Ave.

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

MOTHER FATHER

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 P. Buchholz

Licensed Embalmer No..... 1674

P. O. Address 222 3 *S. L. ...*

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.