

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42187**

FILED JAN 30 1945

Primary Registration District No. **6079**

Registrar's No. **62**

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution. (Specify whether)

In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

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

(d) Street No. Ste. Genevieve Twp.  
(If rural, give location)

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

If yes, name country. 1

3. (a) PRINT FULL NAME ANNA JOSEPHINE VALLE

3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from Sept 1st, 1944, to Dec 3, 1944, that I last saw her alive on Dec 3, 1944, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK X. VALLE 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased AUG 8 1884  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the left lung  
Secondary Arteries  
Due to Carcinoma of the left lung 4 mos.  
Due to Carcinoma of the left breast  
Other conditions 50  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

60 3 25 hr. min.

9. Birthplace IZORA MO  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name AUGUST OTTO 11

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

14. Maiden name THERESA SEPHAN

15. Birthplace RIVER BLV VASOS MO  
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of left breast removed in 1940.  
Of operations  
Of autopsy

16. (a) Informant Frank X Valle  
(b) Address Ste. Genevieve Mo

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 [Signature] (M. D. or other) MD  
Address Ste. Genevieve Mo Date signed 12-5-44

17. (a) BURIAL (b) Date thereof Dec 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Geo. Becker  
(b) Address Ste. Genevieve Mo

19. (a) Dec 5-44 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

7.06

RECEIVED

District Health Officer No. 4

District File Number 145-89

Date Filed 1-9-45

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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 Geo. C. Bush

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.**