S. No. 2
M—2
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 25879

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7482

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 172
(If outside city or town limits, write "RURAL")

(d) Street No. 707 S. Broadway 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Patricia Ann LaValley

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 21 1945 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	2	6	_____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

FATHER
12. Name Oliver S. LaValley
13. Birthplace Unknown (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Lola A. Clark
15. Birthplace Enfield (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Lola LaValley
(b) Address 707 S. Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Endfield, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1945 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from 8-20-45, 19__, to 8-27-45, 19__; that I last saw her alive on 8-27-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diarrhea & malnutrition	1
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

119

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)
While at work? _____ (e) Means of injury _____

23. Signature Albert Wagner M.D. (M. D. or other)
Address 1515 Lafayette Date signed 8-27-45

(Licensed Embalmer's Statement on Reverse Side)

7487

7487

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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.