

FILED DEC 28 1945
318

State File No.

Registration District No. Primary Registration District No. 100 Registrar's No. 11072

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: De Paul Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1404a N. 19th St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gene Valleroy
3. (b) If veteran, name war Nil 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 15 1941

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14 year 1945 hour 9:10 minute P. M.
21. I hereby certify that I attended the deceased from DEC 10 1945 to DEC 14 1945 that I last saw him alive on DEC 14 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 8 29 hr. min.

Immediate cause of death: Virus Pneumonia ACUTE
Due to: 109.1
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Same
Of autopsy: Same

9. Birthplace Perryville Missouri
10. Usual occupation Infant

11. Industry or business
12. Name Edgar Valleroy
13. Birthplace Perry County Missouri
14. Maiden name Alma Moore
15. Birthplace Perryville Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Edgar Valleroy
(b) Address 1404a N. 19th St.
17. (a) Burial (b) Date thereof 12-17-45
(c) Place: burial or cremation Perryville, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 18 1945 (b) J. F. Brakes (c) Registrar's signature

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Francis Weller M.D.
23. Signature Francis Weller M.D. (M. D. or other)
Address 4114W Florence Date signed 12/17/45

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.....

Henry A. Brammer

Licensed Embalmer No.....

4200

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.