

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

391766
State File No.
Registrar's No. 9900

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2629 Pine St
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Lucy Valley
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 15
year 1946 hour 8 minute 55 A. M.

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 1st 1873

21. I hereby certify that I attended the deceased from 11-12 1946 to 11-15 1946
that I last saw her alive on Nov. 15 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 14
If less than one day hr. _____ min. _____

Immediate cause of death Senility with Dehydration and Malnutrition
Duration Undet.

9. Birthplace Dover Ark

Due to _____
Due to _____
Other conditions: None
Major findings: _____
Of operations _____
Of autopsy No

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dont Know

13. Birthplace Dont Know

14. Maiden name Dont Know

15. Birthplace Dont Know

16. (a) Informant Lucy Valley

(b) Address 2629 Pine St

17. (a) Burial (b) Date thereof Nov 26 - 1946

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Gett Randle Phom

(b) Address 3133 Beech Ave

19. (a) _____ (b) _____

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? _____

23. Signature E. B. Williams
Address 2601 N Whittier Date signed 11/15/46

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.....

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address.....

2769 Chouteau

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.