S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25776

FILED AUG 15 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7132

33

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

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 City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00d
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4III Kossuth Ave. 9
(If rural, give location) 10 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna A. La Valle
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 28th. (Month) (Day) 1882 (Year)

8. AGE: Years 64 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Domestic Worker
11. Industry or business

FATHER
12. Name Hugh McKenna 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Fitzferald
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Atmeyer
(b) Address 4205a Maffitt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/I/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) JUL 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th. year 1947 hour 0 00 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) 2
While at work? (e) Means of injury

23. Signature Patrick E Taylor (M. D. or other) Dep
Address 1300 Clark Date signed 7-31-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coroners Case.

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 Robert L Dinkman

Licensed Embalmer No. 3553

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.