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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 229613

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2865

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 Alexian Bro. Hospital (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 (If outside city or town limits, write "RURAL") 17
(d) Street No. 2306 S. 4th St. (If rural, give location) 9
23
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Valci
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Valci
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 2, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	3	16	hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation Maintance Man
11. Industry or business
FATHER 12. Name ---------Valci
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't Know
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Valci
(b) Address 2306 S. 4th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) AUG 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1947 hour 4 minute 30P M.
21. I hereby certify that I attended the deceased from June 4th, 1945, to August 18th, 1947 that I last saw him alive on August 18th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Mass near pyloric end of stomach.
Of autopsy None

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)
While at work?
(e) Means of injury 0
23. Signature (M. D. or other)
Address 1319 So. Bdway. Date signed 8/19/47
Frank Demko

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

B. Dunn

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 James R. Dunn, Registered Apprentice No. 403 working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.