No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29751

Registration District No. 379 — Primary Registration District No. 3063 — Registrar's No. 1902

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County 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: ooo

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

(d) Street No.: 1907 Miami Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Oliver C. Valentine Jr.

3. (b) If veteran, name war .....

3. (c) Social Security No.: 492-24-4312

4. Sex: M

5. Color or race: W

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: June 10, 1930 (Month) (Day) (Year)

8. AGE: Years 17 | Months 2 | Days 25 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Maintainence man

11. Industry or business .....

MOTHER FATHER

12. Name: Oliver C. Valentine Sr.

13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Juanita Fazel

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Oliver C. Valentine Sr.

(b) Address: 1907 Miami Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/8/1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Raymondville Missouri

18. (a) Signature of funeral director: Wm. Schumacher

(b) Address: 3013 Meramec St.

19. (a) 9-8-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5 year 1947 hour 10:50 minute P. 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.

Duration

Immediate cause of death: fractured left femur, crushing chest injuries & numerous body injuries, suffered while xxx driving an automobile that crashed into a pole. 8

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

XXXXXX

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): Accident

(b) Date of occurrence: September 6, 1947.

(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)

While at work? ..... Means of injury: Blunt impact

23. Signature: Gerald J. Willmann Coroner XXXXXX

Address: Clayton, Mo. Date signed: 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Hillbomson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo

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.