

No. 2  
1/47  
17-39

State File No. \_\_\_\_\_  
Registrar's No. 9728

FILED NOV 3 1947  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County MISSOURI

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
FIRMIN DESLOGE HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

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")

(d) Street No. 2819 EADS  
93 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM F. VALENTA

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 MARY 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased AUG. 14 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>2</u>	<u>4</u>	hr. _____ min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name JOSEPH VALENTA

13. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIE BROSON

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

16. (a) Informant MARY J. VALENTA  
(b) Address 2819 EADS

17. (a) BURIAL (b) Date thereof OCT. 21, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL

18. (a) Signature of funeral director Thomas Kula's Son  
(b) Address 2906 GRAVOIS

19. (a) OCT. 20 1947 (b) J. F. Bradeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 18  
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 11, 1947 to Oct. 18, 1947  
that I last saw him alive on Oct 18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left buccal membrane and mandible  
Duration 2 months

Due to Post operative shock or cerebral embolism  
Duration 15 min

Other conditions (Operation 10-18-47)

Major findings: Carcinoma of 1/3

Of operations Head not opened.

Of autopsy no cause found.

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)

23. Signature Grady Sherwin (M. D. or other) \_\_\_\_\_  
Address 3780 Washington Date signed 10/20/47

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

**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.....

*Amie e Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Travis*

**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.