

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED JAN 14 1948**  
Registration District No. 2

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3051

42572  
State File No. 29  
Registrar's No. 29

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Perryville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 69-4-17  
(Specify whether years, months or days)  
In this community 69-4-17

3. (a) PRINT FULL NAME

Joseph Albert Valleroy

3. (b) If veteran, name war

3. (c) Social Security No. 490-24-5272

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary B. Valleroy 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased August 10 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Worked Int. Shoe Co

11. Industry or business

12. Name Eugene Valleroy  
13. Birthplace France  
(City, town, or county) (State or foreign country)  
14. Maiden name Eleazabeth Janet  
15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Valleroy  
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 12-29-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons  
(b) Address Perryville Mo.

19. (a) Dec 29-47 (b) Joseph J. Zeller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Perryville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. /  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1947 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10-30-47  
to 11-27, 1947  
that I last saw him alive on 12/27, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction 3 days  
Coronary Arteriosclerosis  
Obstruction

Due to Coronary Arteriosclerosis  
Obstruction

Due to Coronary Arteriosclerosis  
Obstruction

Other conditions g4x  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations g4x  
Of autopsy

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? 3  
(Specify type of place)

While at work? 3 (e) Means of injury 3

23. Signature Ch. W. Decker (M. D. or other) 50  
Address Perryville, Mo. Date signed 12/27/47

RECEIVED

Health Officer No. 4

District File Number 148-58

Date Filed 1-13-48

JAN 16 1948

### 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.....

Fredric W. Bane

Registered Apprentice No. 570

working under my personal supervision.

Signed.....

Wallace Young

Licensed Embalmer No. 4027

P. O. Address.....

Perryville 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.