U. S. No. 2
10M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43559

State File No. 11666

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

224

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: Park Lane Hospital 0 (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) 5-years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 100
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 3727 Westminster Pl. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Mary A. Valerius
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: W. 2
6. (b) Name of husband or wife: Fred Valerius
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July 19th., 1854 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
93	5	2	hr. min.

9. Birthplace: Ky. (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business
FATHER 12. Name: Adam Kramer
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Leffler
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Minnie Kennedy
(b) Address: 3727 Westminster Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: DuQuoin, Ill.
18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.
19. (a) (Date received local registrar) (b) (Registrar's signature)

DEC 22 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st., year 1947 hour 12 minute 15 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: Fracture Skull — Duration
Hemorrhage of the Brain
Suffered when deceased fell
Due to: Injury sustained while at home 3727 Westminster Pl. on Dec 17th 1947 at about 3:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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: Dec 17 1947 3:00 P.M.
(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): Home
While at work: (Specify) (Means of injury): Falls
23. Signature: Geo. Alfred Varner M. D. or other
Address: 3000 Olive St. Date signed: 12-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coroner's Office

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.