S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10777

State File No. 2910

FILED APR 7 1948

Registration District No. 518

Primary Registration District No. 1003

Registrar's No.

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: 2821 Chippewa St., (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 2821 Chippewa St., (If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 24

If yes, name country

3. (a) PRINT FULL NAME Carl H. Valin,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male, 0

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Augusta C.

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

7. Birth date of deceased June (Month) 19, (Day) 1875 (Year)

8. AGE: Years 72 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Sweden, (City, town, or county) (State or foreign country) 4

10. Usual occupation Medical Dept.

11. Industry or business Civil Service,

FATHER
12. Name UnKnown, 9
13. Birthplace UnKnown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UnKnown, 9
15. Birthplace UnKnown, (City, town, or county) (State or foreign country) 1

16. (a) Informant Esther Valin,

(b) Address 2821 Chippewa St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd, year 1948 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/21 1948 to 3/22 1948; that I last saw him alive on 3/22/48 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to (Hypertension CVR)

Cardio Vascular Renal Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131

Duration

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

23. Signature E. C. Kienzle (M. D. or other) MD

Address 2800 Chippewa Date signed 3/23/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

E. C. KIENZLE

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, 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.