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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31500
7908

FILED SEP 20 1948

Registration District No. 318

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:
Mo. Baptist Hospital, U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3803 DeTonty St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adele VanValkenburgh,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 March 2, 1873,
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name Albert C. VanValkenburgh,

13. Birthplace Mexico, New York,
(City, town, or county) (State or foreign country)

14. Maiden name Emma Stillinger,

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

16. (a) Informant Adele VanValkenburgh,

(b) Address 3803 DeTonty St.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary.

(b) Address 4161 Lindell Blvd.

19. (a) SEP 9 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1948 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from Aug 27, 1948, to Sept 8, 1948; that I last saw her alive on Sept 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	12 days
Due to: Congestive failure	12 days
Due to: Hypertensive and arteriosclerotic Ht Disease	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to 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 James E. Carter (M. D. or other)

Address 1104 Mo Theatre Bldg. Date signed 9/8/48

(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 Robert T Sampler

Licensed Embalmer No. 4290

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.