

## FILED APR 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. **11097**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>508</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>		c. LENGTH OF STAY (in this place) (township) <b>90 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1525 Market St.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>VETERANS ADM. HOSPITAL</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>February 28, 1949</b>					
3. NAME OF DECEASED (Type or Print) <b>ROY</b>		a. (First) <b>E.</b>		b. (Middle) <b>VALENTIN</b>		c. (Last)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>March 12, 1891</b>			
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>William Valentin</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Berg</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>REGISTRAR</b> <b>Vet. Adm. Hosp., Jefferson Barracks, Mo.</b>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION CARCINOMA OF TONSIL &amp; SOFT PALATE, WITH CERVICAL METASTASES</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>144 +</b>					
				DUE TO (c) <b>45 +</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HEMORRHAGE (due to #1)</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Dec. 20, 1948</b> , to <b>Feb. 28, 1949</b> , that I last saw the deceased alive on <b>Feb. 28, 1949</b> , and that death occurred at <b>3:25 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>L. E. Stilwell</b> (degree or title) <b>L. E. STILWELL MD</b>				23b. ADDRESS <b>VAH, Jefferson Barracks, Mo.</b>				23c. DATE SIGNED <b>3/1/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 3-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>3-3-49</b>		REGISTRAR'S SIGNATURE <i>Thurmond L. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister, 7014 So. Broadway</b>				ADDRESS <b>St. Louis, Missouri</b>	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

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.