

No. 300
10-48

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6751

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1542**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 3-days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 10 N. Kingshighway Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F. c. (Last) Valle			4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1951		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Dec. 14, 1861	9. AGE (In years last birthday) 89	10. CITIZENSHIP (Specify) U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secy. Desloge Lead Corp.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jean Baptiste Valle	13b. MOTHER'S MAIDEN NAME Lucie Desloge	14. NAME OF HUSBAND OR WIFE Blanche Valle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eugene Renard, 480 Oakwood Ave.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 to 3 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, left femoral neck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) _____ Due to (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3rd day car accident 2/23/51			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 11 51 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell while walking E 90°
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22. I hereby certify that I attended the deceased from **2-11**, 1951, to **2-14**, 1951, that I last saw the deceased alive on **2-13**, 1951, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above. **2/1**

23a. SIGNATURE (Degree or title) Charles R. Doyle M.D.	23b. ADDRESS 634 N. Grand Blvd	23c. DATE SIGNED 2-15-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. FEB 13 1951	REGISTRAR'S SIGNATURE J. B. Larson	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 840 Lindell Bl vd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. The Body
2-1-1900

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

W H Van Matre

Signed.....
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.