

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39849**
9872
Registrar's No. **9872**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4010 Evans Avenue | | d. STREET ADDRESS (If rural, give location) 4010 Evans Avenue | |

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|--|------------|-------------|-------------------------------|------------------------------------|----------------------|
| 3. NAME OF DECEASED (Type or Print) Henry | a. (First) | b. (Middle) | c. (Last) Valentine | 4. DATE OF DEATH 11-4-51 | (Month) (Day) (Year) |
|--|------------|-------------|-------------------------------|------------------------------------|----------------------|

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|-----------------------|-----------------------------------|--|--------------------------------------|--|--|---|
| 5. SEX Male | 6. COLOR OR RACE. Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 4-27-1878 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 6 Days 7 | IF UNDER 24 HRS. Hours 7 Min. |
|-----------------------|-----------------------------------|--|--------------------------------------|--|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter | 10b. KIND OF BUSINESS OR INDUSTRY Sears Roebuck | 11. BIRTHPLACE (State or foreign country) Waterloo, So. Carolina | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Henry Valentine | 13b. MOTHER'S MAIDEN NAME Fannie Hill | 14. NAME OF HUSBAND OR WIFE Janie Valentine |
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|---|--------------------------------------|---|-------------------------------------|
| 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. -- | 17. INFORMANT'S SIGNATURE OR NAME Janie Valentine | ADDRESS 4010 Evans Avenue |
|---|--------------------------------------|---|-------------------------------------|

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| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH Months |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 231X |
|--|--|---|

22. I hereby certify that I attended the deceased from **Nov 10th, 1951**, to **Nov 4th, 1951**, that I last saw the deceased alive on **Nov 4th, 1951**, and that death occurred at **20m.**, from the causes and on the date stated above.

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|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE Janie Valentine M.D. | (Degree or title) | 23b. ADDRESS 2607 1/2 Franklin St. | 23c. DATE SIGNED 11-6-51 |
|---|-------------------|--|------------------------------------|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/8/51 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County, MO. |
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| DATE RECD BY LOCAL REG. NOV 7 1951 | REGISTRAR'S SIGNATURE Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME | ADDRESS Charles J. Gates, 4107 Finney Ave. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. H. H. H.

STATEMENT BY LICENSED EMBALMER

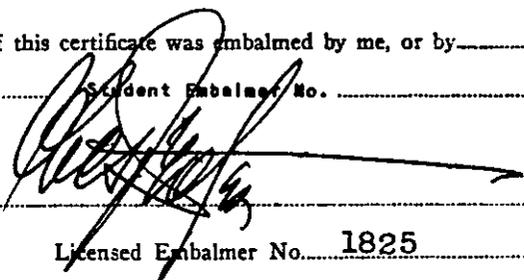
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer —

Signed _____



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.