

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26800

State File No. _____

FILED JUL 23 1952

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>1898</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester Mo.</u> | | c. LENGTH OF STAY (In this place) <u>1 year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester Mo.</u> | | 4000 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural Manchester Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R, R, 2nd Manchester Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minna</u> | | b. (Middle) <u>Valenti.</u> | | c. (Last) | | 4. DATE OF DEATH (Month) <u>7</u> (Day) <u>11</u> (Year) <u>1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>7-15 1883</u> | |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Wm. Furlong</u> | | 13b. MOTHER'S MAIDEN NAME <u>Florence Furlong</u> | | 14. NAME OF HUSBAND OR WIFE <u>John J. Valenti</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Engler Davisville Mo.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION - I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis General</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>A221</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <u>30 April, 1946</u> , to <u>July 11, 1952</u> , that I last saw the deceased alive on <u>July 11, 1952</u> and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Henry F. Scott M.D.</u> | | | | 23b. ADDRESS <u>Bullwin Mo.</u> | | 23c. DATE SIGNED <u>July 11-52</u> | |
| 24a. BURIAL OR CREMATION (Specify) | | 24b. DATE <u>7-15-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews St. Louis</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Matthews Cem. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-12-52</u> | | REGISTRAR'S SIGNATURE <u>Desbert R. Domb M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Sullivan 2849 N. Euclid ave.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

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 *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis, 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.