

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2670

318

1003

State File No. ....

264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

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 Saint Louis

c. LENGTH OF STAY (In this place) Life

c. CITY OR TOWN St. Louis

d. Is residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital

e. STREET ADDRESS (If rural, give location) 5983a Lotus Avenue 20670

3. NAME OF DECEASED (Type or Print)  
a. (First) Henry b. (Middle) Albert c. (Last) DeValley

4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 5, 1885

9. AGE (In years last birthday) 71 yrs  
if UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
if UNDER 1 Hrs. \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION. (Give kind of work done during most of working life, even if retired) Retired-Mach Operator

10b. KIND OF BUSINESS OR INDUSTRY Century Electric

11. BIRTHPLACE (City and State or Foreign Country) Red Bud, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bion DeValley

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Rose D. DeValley (Annarino)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rose DeValley, 5983a Lotus Ave. 12

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Perforating Ulcerative Colitis  
INTERVAL BETWEEN ONSET AND DEATH wh  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO a Anemia, hypochromic severe 4 months  
DUE TO a Acute Toxemia 48 hrs.  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from May, 1955, to Jan 7, 1956, that I last saw the deceased alive on Jan 7, 1956, and that death occurred at 10:27 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. J. U. [Signature]

23b. ADDRESS 3861 St. Louis Ave

23c. DATE SIGNED 1/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Jan. 10, 1956

24c. NAME OF CEMETERY OR CREMATORY Frieden's Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

DATE REC'D BY LOCAL REG. JAN 9 1956

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Nat'l. Bridge, 15

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A 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.....  
Signature of Student Embalmer

Signed *John A. M...*.....  
Licensed Embalmer No. *4189*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.