

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15575
State File No.

FILED MAY 13 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1018

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>Clayton</u> | | c. CITY OR TOWN <u>Ferguson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hosp</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>610 Palace</u> | |

| | | | | | |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED a. (First) <u>Silas</u> b. (Middle) _____ c. (Last) <u>VALLETT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-1957</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>7-6-1870</u> | | 9. AGE (In years last birthday) <u>86</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Red Bud, Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Silas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothea Opperman</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>NONE</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>None</u> | | 17. ADDRESS <u>None</u> | | 17. ADDRESS <u>Red Bud, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| | | 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. <u>Arteriosclerosis Heart Disease</u> | | Unknown | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <u>2</u> 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) (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 <u>4-6</u> , 19 <u>57</u> , to <u>4-14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>57</u> , and that death occurred at <u>8:50 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Robert W. Blalock</u> (Degree or title) <u>md</u> | | 23b. ADDRESS <u>601 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>4-16-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-15-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Red Bud, Illinois</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Hoach Funeral Home</u> | | 24f. ADDRESS <u>Red Bud, Illinois</u> | |

| | | | | | |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-17-57</u> | | REGISTRAR'S SIGNATURE <u>Dorset B. Demko</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoach Funeral Home</u> | |
|---|--|--|--|--|--|

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 *U. E. Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address *Flowers, h*.....

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.