

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19381**
5322

REC'D JUN 14 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1533 Hogan St.				e. STREET ADDRESS (If rural, give location) 1267 1/2 1533 Hogan St.			
3. NAME OF DECEASED (First) Lozell		b. (Middle) _____		c. (Last) Valentine		4. DATE OF DEATH (Month) (Day) (Year) June 6 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 3, 1901	
9. AGE (in years) 56		if UNDER 1 YEAR last birthday Months 1		Days 5		if UNDER 24 HRS. Hours 5 Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) upholsterer		10b. KIND OF BUSINESS OR INDUSTRY upholstery		11. BIRTH PLACE (City and State or Foreign Country) Bloomington Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Henry Valentine		13b. MOTHER'S MIDDLE NAME Carrie Collins		13c. NAME OF HUSBAND OR WIFE Marie A. Valentine			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		15. (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Marie Valentine ADDRESS 1533 Hogan St.	
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* (a) Coronary Sclerosis ANTECEDENT CAUSES DUE TO (b) Pulmonary Oedema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cirrhosis of the Liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 5810				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Quinn				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/7/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1957		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REGS. JUN 7 1957		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Ball - Campbell ADDRESS 116 S. Bellevue			

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, ~~and~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. J. Penick*.....

Licensed Embalmer No. *428*

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