

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018904
State File No.

FILED MAY 18 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **2, 4513**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Louis	
b. CITY (if outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (in this place) MO	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 4513 OREGON		e. STREET ADDRESS (If rural, give location) 4513 OREGON	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) ANTONINE c. (Last) VALANTINE			4. DATE OF DEATH (Month) (Day) (Year) 4 10 59		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (in years) (last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	

13a. FATHER'S NAME WALK	13b. MOTHER'S MAIDEN NAME WALK	14. NAME OF HUSBAND OR WIFE WALK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, if unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO. WALK	17. INFORMANT'S SIGNATURE OR NAME W. C. TAUBER ADDRESS 1300 Clark

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carbon Monoxide Poisoning; DUE TO (c) Explosion in fire in home 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at 4513 Oregon Ave. about 10:00 PM		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION April = 10 = 1959	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) 156 Clark	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 10 59	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fire Hotel in home

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 **10:45** m., from the causes and on the date stated above.

23a. SIGNATURE John J. [Signature] (Degree or Title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4/24/59
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-30-59	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, MO
DATE REC'D BY LOCAL REG. MAY 8 '59	REGISTRAR'S SIGNATURE Paul Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.