MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2050

=61=011715 STATE FILE NUMBER

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. CITY HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3527 ST. LOUIS
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Edward Middle: R. Last: Valgrist
4. DATE OF DEATH: Month 2 Day 28 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-7-1883
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Foreman
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Street Dept
11. BIRTHPLACE (City and state or country): ST. LOUIS
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Nick Valgrist
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Dorothy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
17. INFORMANT: Dorothy Valgrist Address: 3529 ST. LOUIS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound of head, self inflicted
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): in area of 3517 St Louis avenue on
DUE TO (c): February 28, 1961. 976X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour 2 a.m. p.m. Month, Day, Year 2-28-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: St Louis, Mo COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul J. Simon (Degree or Title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 3/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-2-61
23c. NAME OF CEMETERY OR CREMATORY: New St Marcus
23d. LOCATION (City, town, or county): ST. LOUIS (State): Mo

24. FUNERAL DIRECTOR: A. Krow ADDRESS: 2707 N. Grand
25. DATE RECD. BY LOCAL REG.: MAR 1 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, 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.