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TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF TEXAS  
CERTIFICATE OF DEATH

773.5 44  
STATE FILE NO. 49393

3703  
NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE  
14135  
776

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>San Antonio</b>		c. LENGTH OF STAY (If in this place) <b>Hours</b>	c. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>San Antonio</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baptist Memorial Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>303 Flamingo</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacqueline</b>		b. (Middle) <b>(NMN)</b>	c. (Last) <b>Valois</b>	4. DATE OF DEATH <b>Oct. 28, 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>	8. DATE OF BIRTH <b>Oct. 28, 1953</b>	9. AGE YEARS MONTHS DAYS <b>0 0 0</b>	IF UNDER 24 HRS. Hours Min. <b>3 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>not applicable</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>San Antonio, Texas</b>		
12. FATHER'S NAME <b>Jean Jacques Valois</b>		BIRTHPLACE <b>Canada</b>	13. MOTHER'S MAIDEN NAME <b>Teresa Groulx</b>		BIRTHPLACE <b>Canada</b>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		15. SOCIAL SECURITY NO. <b>none</b>	16. INFORMANT'S SIGNATURE <i>J. J. Valois</i>		
17. 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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity 4-5 month gestation</b>			DUE TO (b) <b>Respiration never initiated for 10 min.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Heart beat only</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		TEXAS DEPARTMENT OF HEALTH REC'D NOV 12 1953 BUREAU OF VITAL STATISTICS	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN OR PRECINCT NO.) (COUNTY)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
					20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
					20f. HOW DID INJURY OCCUR?
21. I hereby certify that I attended the deceased from <b>Oct 28, 1953</b> , to <b>Oct 28, 1953</b> , that I last saw the deceased alive on <b>Oct 28, 1953</b> , and that death occurred at <b>11:45 A.M.</b> , from the causes and on the date stated above.					
22a. SIGNATURE <i>Wade H. Lewis M.D.</i>			22b. ADDRESS <b>Bapt. Mem. Hosp. 11-3-53.</b>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-3-53</b>	23c. NAME OF CEMETERY OR CREMATORY <b>San Fernando Cemetery</b>		
23d. LOCATION (City, town, or county) (State) <b>San Antonio Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Hanavan BY <i>Charles Hanavan</i></b>			
25a. REGISTRAR'S FILE NO. <b>3504</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>NOV 4 1953</b>		25c. REGISTRAR'S SIGNATURE <i>Liliana Prince</i>	