

Registration District No. 791Primary Registration District No. 1002Registrar's No. 1689

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Days
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Mitchell Venarde3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 11 16 hr. min.9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None Invalid

11. Industry or business _____

MOTHER { 12. Name Mitchell Venarde
 13. Birthplace St. Louis Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Unknown
 15. Birthplace Alsace-Lorraine
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joan Venarde(b) Address 238 Elmoline at Pasadena, California17. (a) Burial (b) Date thereof Feb. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Mausoleum18. (a) Signature of funeral director W. Hoffmeister H. R. E.(b) Address 7814 S. Broadway19. (a) FEB 19 1940 (b) J. J. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1800 Wash St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11,
year 1940 hour 2:30 minute P. M.21. I hereby certify that I attended the deceased from January
23, 19 40, to February 11, 19 40
that I last saw him alive on February 11, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cor. Myocardia year

Due to _____

Other conditions Cerebral sclerosis 15 years
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Same as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Ford (M. D. or other) _____
Address 1515 Lafayette, Mo. 2/15/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Linus C. Hoffmeier*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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 this body is not embalmed, above space should be left blank.