

FILED FEB 25 1941
Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 998

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis

(c) Name of hospital or institution: Phillips Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos 16 das

In this community 17 yrs

(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertherrine Venable

3. (b) If veteran, name war _____

3. (c) Social Security No. Unk

4. Sex F 5. Color or race Negro

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 11, 1918

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>0</u>	<u>16</u>	hr. min.

9. Birthplace Miss

(City, town, or county) (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk

12. Name Charlie Venable

13. Birthplace Miss

(City, town, or county) (State or foreign country)

14. Maiden name Myna Johnson

15. Birthplace Miss

(City, town, or county) (State or foreign country)

16. (a) Informant Rose A. Spotts

(b) Address Phillips Hospital

17. (a) Burial (b) Date thereof 1-30-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meridian Miss

18. (a) Signature of funeral director J. H. Young

(b) Address 2620 S. Grand

19. (a) JAN 30 1941 (b) J. H. Young

(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis

(If outside city or town limits, write "RURAL") 1117

(d) Street No. 4223a Cook

(If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27

year 1941 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 11, 1940 to January 27, 1941

that I last saw her alive on January 27, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis 18 mos

Intestinal Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

23

Major findings: Of operations _____

Of autopsy 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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Clarence Allen M. D. or other _____

Address 2601 N Whittier Date signed _____

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

Clark Young

Licensed Embalmer No.

3371

P. O. Address

S. H. Jarvis

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, fact should be so stated above.