

FILED JAN - 5 1942

State File No. 10879  
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2342 Louisiana Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LOUISA VENZ

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Yes F. 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 Single years  
7. Birth date of deceased Dec. 21, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 0 5 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name Charles F. Venz  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wilken  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Venz  
(b) Address 4859 San Francisco Avenue

17. (a) Burial (b) Date thereof 12/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue

19. (a) DEC 29 1942 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year Dec. hour 6 minute 48 AM  
21. I hereby certify that I attended the deceased from Dec - 1 - 42  
Dec - 1 - 1942 to Dec - 26 - 1942  
that I last saw her alive on Dec - 25 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Anemia Duration 3 mos  
Chronic Cholecystitis 25 yrs.  
non-calculous  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Gall Bladder Completely atrophied - Scar in wall  
Of autopsy none. Common Duct.  
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) (Specify type of means of injury)  
23. Signature Charles F. Venz (M. D. or other) Chd.  
Address 508 N. Grand - St Louis date signed 12/29/42

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

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**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 William G. Buckholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.**