

FILED JUL 21 1944
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6270

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

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Venable

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widower
6. (b) Name of husband or wife Sarah Farrar 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 27 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Richard Venable

13. Birthplace Georgial (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Grady Venable

(b) Address 524 N. 10th St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 7-16-1944
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation York Chapel, Lantown, Mo.

18. (a) Signature of funeral director Wm. Commercial Home

(b) Address Berryville, Mo.

19. (a) JUL 14 1944 (b) J. H. Redick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1524 N. 10th Street 26
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1944 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 14th
19 44 to July 14th 19 44

that I last saw him alive on July 14th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage Duration _____

Due to Renovascular arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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 Edward W. Lubinski (M. D.)

Address 1515 Lafayette Date signed 7/14/44

JUL 27 1944

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..... *Albert Bey*

Licensed Embalmer No..... *3866*

P. O. Address..... *Perryville, 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.