

No. 2  
5-43  
5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25823

State File No. \_\_\_\_\_  
Registrar's No. **5955**

Registration District No. **318** 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:  
**FIRMIN DESLOGE HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Venable, Andrew**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **UNKNOWN**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ALICE VENABLE**  
6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **AUGUST 31 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 10 5** hr. min.

9. Birthplace **HOUSTON MO**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **RETIRED**

11. Industry or business \_\_\_\_\_  
12. Name **PATRICK VENABLE**  
13. Birthplace **TENN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY PURDUE**  
15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **NELLIE PAULFELL**  
(b) Address **3148 PORTIS AVE.**  
17. (a) **BURIAL** (b) Date thereof **7-7-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **HOUSTON, MO**

18. (a) Signature of funeral director **Albert H. Hoppel**  
(b) Address **4700 Washington Ex. Bldg**  
19. (a) **JUL 5 1946** (b) **J. Bredeck**  
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **TEXAS** **107**  
(c) City or town **HOUSTON**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_  
(If rural, give location) **N.R.**  
(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1946** hour **9** minute **50 A.M.**  
21. I hereby certify that I attended the deceased from **June 29**  
19**46** to **July 5** 19**46**;  
that I last saw him alive on **July 4** 19**46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **4 days**  
Due to **Suppurative Appendicitis & Peritonitis** **2 days**  
Due to **12/1/1**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Suppurative Appendicitis & Peritonitis**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature **Eugene J. Dmityuk** (M. D. or other) **MD**  
Address **1324 S. Grand** Date signed **7-5-46**

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

MOTHER FATHER

---

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 Henry M. Branimer

Licensed Embalmer No. 4200

P. O. Address.....

**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.**