

No. 30-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 1 1948 18

Registration District No. \_\_\_\_\_

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

31502  
State File No. \_\_\_\_\_  
Registrar's No. 8146

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: 5229 Botanical  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5229 Botanical  
(If rural, give location)  
(e) Citizen of foreign country? 13 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE J. Venegoni  
3. (b) If veteran, name war No  
3. (c) Social Security No. 493-05-2133

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 14  
year 1948 hour 7 minute 30p.M.  
21. I hereby certify that I attended the deceased from August  
2nd 1948 to Sept 14 1948;  
that I last saw him alive on Sept 14 1948;  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Regina Rancilio  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 17 1875  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach  
Duration 9 months!  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 73 Months 5 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Italy (City, town, or county) (State or foreign country) 5  
10. Usual occupation laborer

11. Industry or business \_\_\_\_\_  
12. Name Joseph Venegoni  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Caterina Guccelli  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Regina Venegoni  
(b) Address 5229 Botanical  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 1948  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul  
18. (a) Signature of funeral director Paul C. Calcaterra  
(b) Address 5147 Daggett Ave.  
19. (a) SEP 17 1948 (Date received local registrar) (b) J. J. Breider (Registrar's signature)

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 1)  
23. Signature Charles Montani (M. D. or other) MD  
Address 5147 Daggett Ave. Date signed 9-16-48

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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

**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.**