

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9867

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 44

0812  
4

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	
c. LENGTH OF STAY (in this place) 1 Yr. 3Mo		4693	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location) 736 Dickson	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Frederick c. (Last) Venneman			4. DATE OF DEATH (Month) (Day) (Year) March 22, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1853	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months ?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Glendale, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Venneman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dysstaltis</i>			INTERVAL BETWEEN ONSET AND DEATH  61X
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Old age</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 27, 1948, to March 22, 1950, that I last saw the deceased alive on March 22, 1950 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert McFarland</i> (Degree or title)		23b. ADDRESS <i>Rolla Mo.</i>		23c. DATE SIGNED 3-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 25, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery, Kirkwood, Missouri	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. 3-23-50		REGISTRAR'S SIGNATURE <i>Nadine S. Stello</i> 380	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis H. Bupp</i>		ADDRESS <i>Kirkwood Mo</i>			

RECEIVED

Pheips County Health Officer,

County File Number \_\_\_\_\_

Date Filed 3-28-50

APR 8 1950

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 \_\_\_\_\_

Student Embalmer Co. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Felix Hurand*

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 W

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.

*There is no body present*