

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7549**

FILED MAR 12 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 456	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings -unk-		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings Mo. 4148			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5389 Wilborn Dr.				d. STREET ADDRESS (If rural, give location) 5389 Wilborn Dr.			
3. NAME OF DECEASED (Type or Print) a. (First) Vincenzo b. (Middle) Venezia c. (Last) Venezia			4. DATE OF DEATH (Month) (Day) (Year) 2-16-56				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 14, 1900		9. AGE (in years last birthday) 56	IF UNDER 1 YEAR Months Days 	IF UNDER 4 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY self-empl.	11. BIRTHPLACE (City and State or Foreign Country) Partinico Italy		12. CITIZEN OF WHAT COUNTRY? Italy		
13a. FATHER'S NAME Pete Venezia		13b. MOTHER'S MAIDEN NAME Maria (Cunin)		14. NAME OF HUSBAND OR WIFE Mary Venezia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pete Venezia 325 Lafayette Florri					
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, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) arteriosclerotic Heart Disease 8 years</p> <p>DUE TO (c) Gen arteriosclerosis mild Diabetes Mellitus</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>1 day</p> <p>8 years</p> <p>10 years</p> <p>18 years</p>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200 +4200					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov 5, 1954 , to 2-16, 1956 that I last saw the deceased alive on 2-14, 1956 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles C. Moran M.D.				23b. ADDRESS 3121 N. Grand		23c. DATE SIGNED 2/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18, 1956	24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis county, Mo.		
DATE REC'D BY LOCAL REG. 2-17-56		REGISTRAR'S SIGNATURE Hebeach R. Bonke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 No. Kingshighway			

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

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 No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address. *St. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.