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FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14940**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3520**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3520**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis, Missouri** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **6030 Waterman Avenue.**
e. STREET ADDRESS (If rural, give location) **5 6030 Waterman Avenue., 2057**

3. NAME OF DECEASED (Type or Print)
a. (First) **Evelyn** b. (Middle) **Marie** c. (Last) **Venable**
4. DATE OF DEATH (Month) (Day) (Year) **April 6 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Dec 7, 1894** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **At Home**
11. BIRTHPLACE (City and State or Foreign Country) **Glascow, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Alfred Humphrey** 13b. MOTHER'S MAIDEN NAME **Elizabeth LaBordeaux** 14. NAME OF HUSBAND OR WIFE **Claude Venable**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **Nil**
16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Claude Venable** ADDRESS **6030 Waterman Ave.,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Artery Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **hours**
ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerosis, generalis** **1 Year**
DUE TO (c) **Arterial Hypertension** **1 year**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **420-1**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec**, 19**54**, to **4-5**, 19**56**, that I last saw the deceased alive on **4-5**, 19**56**, and that death occurred at **10-30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE **Samuel D. Katz** (Degree or title) _____ 23b. ADDRESS **MS 730 Hodeman** 23c. DATE SIGNED **4-7-56**

24a. BURIAL, CREMATION/REMOVAL (Specify) **Removal** 24b. DATE **4-10-56** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

DATE REC'D BY LOCAL REG. **APR 9 1956** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd**

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etton H. Penelmo*

Licensed Embalmer No... *42*

P. O. Address... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.