N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23651
Do not use this space.

Registration District No. 1003 791

Primary Registration District No.

Registered No. 6345

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. City Hospital #1. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James H. Venable 514
(a) Residence, No. 3247a Morganford St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha J. Venable
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16, 1870
7. AGE: Years 67; Months 9; Days 29; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Decorator
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): June 1938
11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springerton, Illinois.

FATHER
13. NAME: Fenton L. Venable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: DNK Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Sister Hattie Korossy 3247a Morganford
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sikeston Missouri DATE: July 17, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc 429 N. Euclid
20. FILED: JUL 15 1938 J. F. Bulbek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-15-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1938, to 7-15, 1938
I last saw h alive on 7-4, 1938. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Albert H. Krause M.D.
(Address) 1515 Lafayette City

(Licensed Embalmer's Statement on Reverse Side)

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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.