DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36985

Registration District No. 791 i

Primary Registration District No. 1003

Registrar's No. 9253

**1. PLACE OF DEATH:** FILED DEC 11 1940

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital. 1
(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 Missouri. (b) County

(c) City or town Saint Louis, 23
(If outside city or town limits, write "RURAL")

(d) Street No. 3315 South Jefferson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dr. Frederick W. Veninga,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Veninga

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July (Month) 1st, (Day) 1874. (Year)

8. AGE: Years 66 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Docter

11. Industry or business 6

FATHER
12. Name Frederick Veninga
13. Birthplace Unknown. (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Helen Veninga
(b) Address 3315 South Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.

19. (a) NOV 11 1940 (Date received local registrar) (b) J. F. Burdeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 10th, year 1940. hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1940, to Nov 10, 1940
that I last saw her alive on Nov 10, 1940
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 1 mo. |
| Due to Diabetes | 1938 |
| Due to Chr myocarditis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A M Trant (M. D. or other)
Address 3651 Grandel Sq Date signed 11/11/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

## 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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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, above space should be left blank.**