

13-40  
7-39  
DC2315

JAN 15 1940 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1005**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months  
(Specify whether years, months or days) 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2740a St. Vincent Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Hilma Venable

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Hubert 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased May 27, 1910  
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fredericktown, Missouri B  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife C

11. Industry or business \_\_\_\_\_

12. Name Edgar Davis D

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma White

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Venable

(b) Address 2740a St. Vincent Ave

17. (a) Burial (b) Date thereof 12/8/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director W. M. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 7 1940 (b) J. H. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1940 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5/26/40  
\_\_\_\_\_, 19\_\_\_\_, to 12/6/40, 19\_\_\_\_;  
that I last saw her alive on 12/5/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure  
Due to Rheumatic heart disease

Other conditions: Hypostatic pneumonia  
(Include pregnancy within 3 months of death)  
Solar

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 104

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature Geo. T. DeLugan (M. D. or other) 1  
Address Firmin Desloge Hosp Date signed 12-6-40

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

MOTHER FATHER

**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

*L.R. Casper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**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.**