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13-40
7-39
X23159

Registration District No. 2784

Primary Registration District No. 200

Registrar's No. 2432

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home
(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

3. (a) PRINT FULLNAME Alexander Venot

3. (b) If veteran, name war no

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 Ella Venot

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Mar. 28, 1857.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>9</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace France
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Venot

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

14. Maiden name Don't Know

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

16. (a) Informant Dennie Lormie

(b) Address Florissant, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Dec. 26/40.
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 25 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Florissant
(If outside city or town limits, write "RURAL")

(d) Street No. Rual
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1940 hour 3.15 minute P.M.

21. I hereby certify that I attended the deceased from December 16th, 1940, to Dec. 22, 1940

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions Tuberculous
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury

23. Signature R. J. Jansen (M. D. or _____)

Address Manchester, Mo. Date signed 12/23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Jensen R.W.?
Manchester, Mo.
Walnut 301.
12.30 - 2.00 P.M.

W. Jensen

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 *W. Jensen*

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament A v

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.