

S. No. 2
I-1-4-41
5-17-37
PI X2339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20074

JUL 13 1942 791

State File No. _____

Registrar's No. 5534

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location) 2 Days
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Theresa Ann Venincasa

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 26 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Enrico Venincasa

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

14. Maiden name: Sane, Grandinette

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

16. (a) Informant: Enrico Venincasa

(b) Address: 3700 W. Park Ave

17. (a) Burial (b) Date thereof: June 29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: P. Michi - Son

(b) Address: 1150 N. 70th Highway

19. (a) JUN 29 1942 (b) J. J. Prodek
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1106 Childress (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1942 hour 12 minute 12 A.M.

21. I hereby certify that I attended the deceased from June 26 1942 to June 28 1942

that I last saw him alive on June 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: _____ Duration _____

Congenital Atelectasis

Due to Prematurity

Due to _____

Other conditions: _____

(Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations: _____

Of autopsy: Refused

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: Matthews (M. D. or other) _____
Address: 634 No. Grand Date signed: 6/29/42

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

MOTHER FATHER

BY LICENSED EMBALMER

PHYSICIAN

Underline the cause to which death should be charged statistically.

847 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.