16836

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4328

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Residence:- 5244 Botanical Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 13 13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5244 Botanical Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME VENEGONI, Batista

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 Maria Iovaldi

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 4 (Day) 1879 (Year)

8. AGE: Years 64 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Domenic Vengoni

13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

14. Maiden name Maria Vengoni

15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs. Maria Venegoni

(b) Address 5244 Botanical Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 5142 Daggett Avenue

19. (a) MAY 10 1944 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1944 hour 6 minute 15 p.m.

21. I hereby certify that I attended the deceased from December 6, 1943, to May 7, 1944; that I last saw h. alive on May 6, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lympho-sarcoma	8 Mos
Due to:	
Due to:	
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 Charles Montana (M.D. or other) MD

Address 5147 Daggett Ave Date signed 5-9-44

(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 Paul C. Balcater

Licensed Embalmer No. 2376

P. O. Address St Louis – M

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

If this body is not embalmed, fact should be so stated above.