

FILED JAN 20 1945
318

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:
3848 Marine Ave.,
(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 St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3848 Marine Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Venable,

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 Widowed
6. (b) Name of husband or wife Jarkin, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 20, 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name Willis Beavers,
13. Birthplace Missouri,
(City, town, or county) (State or foreign country)
14. Maiden name Mary Boyer,
15. Birthplace Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. Hollenbach,
(b) Address 3848 Marine Ave.,

17. (a) Burial, (b) Date thereof 1/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) JAN 12 1945 (b) J. A. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 12th
year 1945 hour 5: minute 30 A., M.

21. I hereby certify that I attended the deceased from 12/12 1944 to 1/11 1945
that I last saw her alive on _____, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 1/2 hr

Due to hypertension
Due to 10/10

Other conditions Chronic myeloid leukemia
(Include pregnancy within 3 months of death)
and myeloid leukemia

Major findings: Chronic myeloid leukemia
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?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. A. Bredbeck (M. D. or other) M.D.
Address 2800 Meramec Date signed 1/12/45

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

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis Mo.

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.