

FILED JAN 18 1945

Primary Registration District No. **1003**

Registrar's No. **11438**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6818 Wyatt Ave Court
(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 FULL NAME Ora Venable
3. (b) If veteran, name war..... No.....
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... Joseph Venable / 6. (c) Age of husband or wife if alive. 47 years
7. Birth date of deceased. 12/2/1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 0 24 hr. min.

9. Birthplace. Calhoun County Ill /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name John Nicholas
13. Birthplace. Calhoun County Ill /
(City, town, or county) (State or foreign country)
14. Maiden name Sally Powell
15. Birthplace. Calhoun County Ill /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Venable
(b) Address 6818 Wyatt Ave

17. (a) Removal (b) Date thereof 12/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana No

18. (a) Signature of funeral director. Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) DEC 27 1945 (b) J. Z. Bredeck
(Date received local registrar) (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. 6818 Wyatt Ave Court
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from....., 19..... to 12/26/45, 19.....
that I last saw her alive on Dec. 26, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma - Breast.
Due to Carcinoma - Chest wall,
spine
Due to 50

Duration
10 mos.
4 mos.

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

Major findings: Carcinoma Breast.
Of operations

PHYSICIAN
Underline the cause to which death should be charged statistically.

Of autopsy No 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) Means of injury 50

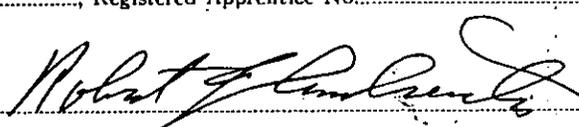
23. Signature Emal R. Burn (M. D. or D.V.M.)
Address 1952 Maryland Ave Date signed 12/27/45

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.