

FILED DEC 21 1945  
318State File No. 10789  
Registrar's No.

Primary Registration District No. 1003

## 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:  
On way to the De Paul Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 3 (Specify whether  
 In this community..... years, months or days)

3. (a) PRINT FULL NAME Gioachino (Jack) Venezia

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

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife..... Annie (Antonina)  
 6. (c) Age of husband or wife if alive..... 50 years  
 7. Birth date of deceased. July 18 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 21 hr. min.

9. Birthplace Castelvetro Italy  
(City, town, or county) (State or foreign country)10. Usual occupation Grocery Store Owner

11. Industry or business.....

MOTHER FATHER { 12. Name Giuseppe Venezia  
 13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lauria Ignoglia  
 15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Antonina Venezia(b) Address 1540 Paris Ave.17. (a) Burial (b) Date thereof 12-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. Calvary Cemetery18. (a) Signature of funeral director. P. Miceli - Sons(b) Address 1150 N. Kingshighway19. (a) DEC 11 1945 J. F. Bredenk  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town..... St. Louis County  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1540 Paris  
(If rural, give location)  
 (e) Citizen of foreign country? NO. (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th  
year 1945 hour 9 pm minute..... M.21. I hereby certify that I attended the deceased from October  
1944 to Nov. 1st 1945that I last saw him alive on November 8 1945  
and that death occurred on the date and hour stated above.Immediate cause of death angina pectoris DurationDue to sclerosis of coronary arteryDue to MIOther conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....

Of autopsy.....

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 A. Spizzini (M. D. or other) 10  
Address 1538 Blvd Date signed 12-11-45

**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.....

*Warren A. Carver*

Licensed Embalmer No. ....

*3534*

P. O. Address.....

*858 Hamilton*

**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.**