

FILED MAY 1 1947

1063

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **4130**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3147 So. Grand Ave. 2
(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 **HARRY O. VENKER**
3. (b) If veteran, name war **None** 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 **Julia E.** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Oct. 11 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 8 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **President**
Barnard Stamp Co.

11. Industry or business **Barnard Stamp Co.**
12. Name **John B. Venker**
13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Christine Ilges**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Julia E. Venker**
(b) Address **3952 Connecticut St.**

17. (a) **Burial** (b) Date thereof **4 23 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul Cem. Kriegshauser Und. Co.**

18. (a) Signature of funeral director **4228 So. Kingshighway Bl.**
(b) Address **APR 21 1947 J. F. Buddeck**

19. (a) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3952 Connecticut St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
year **1947** hour **5:15** minute **P.M.**

21. I hereby certify that I attended the deceased from **Apr 1 47** to **Apr 19 47**
that I last saw him alive on **Apr 15 - 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to.....
Due to.....

Other conditions **Hypertensive heart disease**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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.....

23. Signature **F. J. Permann** of other **MD**
Address **975 arcade** Date signed **4/22/47**

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

MOTHER FATHER

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.....

Edurn M. Dermott

Licensed Embalmer No. *3024*

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.