S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19456

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5488

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 St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3012 California Ave 9
Memorial 24 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUELLA VENABLE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 28 (Day) 1947 (Year)

8. AGE: Years — Months — Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Fred Venable
13. Birthplace Puxico, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Fronie
15. Birthplace Williamsville, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Fred Venable
(b) Address 3012 California Ave
17. (a) Burial (Burial, cremation, or removal); (b) Date thereof 6-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Williamsville, Mo.
18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) JUN 3 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1947 hour 10:05 minute P M.
21. I hereby certify that I attended the deceased from 6/1/47 19 to June 1st, 1947 that I last saw her alive on June 1st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Disease of the New Born
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature S W Gollub (M. D. ~~or other~~)
Address 1515 Lafayette Date signed 6/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

S.W. Gollub

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

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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.