

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11416

State File No. \_\_\_\_\_

31

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 2002 Registrar's No. 754

4006

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>	
c. LENGTH OF STAY (In this place) <b>2 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>6939 Roberts Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>6939 Roberts Ave.</b>			

3. NAME OF DECEASED (Type or Print) <b>CHRISTINA VENNARI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 21 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Jan. 9, 1880</b>		9. AGE (In years last birthday) <b>70</b>		10. CITIZEN OF WHAT COUNTRY? <b>Italy</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Italy</b>	

13a. FATHER'S NAME <b>Unknown Capriata</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Late John Vennari</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Parrino</b>	
				ADDRESS <b>4123a Chippewa St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic occlusion of coronary arteries</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>heart disease</b>			
		DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Senility</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4300</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/30**, 19**49**, to **3/21**, 19**50**, that I last saw the deceased alive on **3/17**, 19**50**, and that death occurred at **4:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>4901 E. Carleton</b>		23c. DATE SIGNED <b>3/21/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 23, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 22 1950</b> <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>	
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