

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31924**
Registrar's No. **8165**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital		d. STREET ADDRESS (If rural, give location) 26 1520 S Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Cornelius b. (Middle) c. (Last) Venable		4. DATE OF DEATH (Month) (Day) (Year) Sept 13 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 18 1891
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 6 HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Boiler	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Rispy Gamblin	14. NAME OF HUSBAND OR WIFE Mattie Venable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mattie Venable ADDRESS 1520a S Broadway	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? H22.1

22. I hereby certify that I attended the deceased from **Sept 16 1949**, to **Sept. 13 1951**, that I last saw the deceased alive on **Sept. 13th, 1951**, and that death occurred at **3d.** m., from the causes and on the date stated above.

23a. SIGNATURE **FRANK DEMKO** (Degree or title)
Frank Demko

23b. ADDRESS **1319 So. Bdway.**
23c. DATE SIGNED **9-13-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **9/15/51**
24c. NAME OF CEMETERY OR CREMATORY **New Picker Cemetery**
24d. LOCATION (City, town, or county) (State) **St Louis Missouri**

DATE REC'D BY LOCAL REG. **SEP 14 1951**
REGISTRAR'S SIGNATURE **Carl Smith**
25. FUNERAL DIRECTOR'S SIGNATURE **Moydell** ADDRESS **Moydell Funeral Home 1926 Allen Av**

m 9/8 (Licensed Embalmer's Statement on Reverse Side)

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

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 me
and George J. Snodgrass
working under my personal supervision.

Student Embalmer No. 421

Signed George J. Snodgrass
Student Embalmer

Signed Robt. J. Shannon

Licensed Embalmer No. 4533

P. O. Address St. Louis Mo

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.