

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6837

State File No.

FILED MAR 5 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1613

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY OR TOWN St. Louis 2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 4729 Vernon Ave		d. STREET ADDRESS 12 4729 Vernon Ave				
3. NAME OF DECEASED a. (First) Robert		b. (Middle) Venerable		c. (Last)		
4. DATE OF DEATH (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) 2 15 52				
5. SEX M		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH 1-18-1878		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Charleston Miss		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Venerable		13b. MOTHER'S MAIDEN NAME Susie Walton		
14. NAME OF HUSBAND OR WIFE Betty Venerable		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —		
17. INFORMANT'S SIGNATURE OR NAME Sherman Venerable		17. ADDRESS 4729 Vernon				
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)		ANTECEDENT CAUSES				
DUE TO (b)		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (c)		Coronary Occlusion				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				
(Sclerosis)						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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? H&O		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 307A m., from the causes and on the date stated above.						
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 2.20.52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-20-52		24c. NAME OF CEMETERY OR CREMATORY Wynn Cemetery		
24d. LOCATION (City, town, or county) (State) Oakland Miss.		24e. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe		24f. ADDRESS 2930 Dickson St		
DATE REC'D BY LOCAL REG. FEB 20 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe		
		25. ADDRESS 2930 Dickson St				

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leroy H. Gunnister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Epsom Ave*

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.