

OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33530**  
Registrar's No. **8561**

BIRTH NO. **26375** 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>3 Days</b>		2-059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5611 Julian Ave,</b>	

3. NAME OF DECEASED a. (First) <b>Guy</b> (Type or Print)			b. (Middle) <b>J.</b>		c. (Last) <b>Venatta</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1952</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>April 7, 1952</b>		9. AGE (In years last birthday) <b>5</b> <b>3</b>		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <b>Harold E. Venatta</b>		13b. MOTHER'S MAIDEN NAME <b>Margie Jett</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Harold E. Venatta</b>		ADDRESS <b>5611 Julian Ave.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Acute Gastroenteritis</b>				<b>1 week</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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				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? <b>5710</b>	

22. I hereby certify that I attended the deceased from **Sept 9, 1952** to **Sept 10, 1952** that I last saw the deceased alive on **Sept 9, 1952** and that death occurred at **10:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dorothy A. Meredith M.D.</b>		(Degree or title)		23b. ADDRESS <b>7309 Natural Budget</b>		23c. DATE SIGNED <b>9/12/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>9/13/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Millspring Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Millspring, Mo.</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 12 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>		ADDRESS <b>2630 Gravois Ave.</b>	
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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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.