

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19997

State File No.

BIRTH NO. 26391 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4779

1. PLACE OF DEATH a. COUNTY <u> </u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		4597
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hspt.</u>			d. STREET ADDRESS (If rural, give location) <u>322 Oak Manor Lane</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>(Un named)</u> b. (Middle) <u> </u> c. (Last) <u>Venerable</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 0</u>	8. DATE OF BIRTH <u>April 9, 1953</u>	9. AGE (In years last birthday) <u> </u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>30</u>
13a. FATHER'S NAME <u>James Thomas Venerable</u>		13b. MOTHER'S MAIDEN NAME <u>Jally Babbitt Stokes</u>		14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Venerable</u>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polycystic Kidneys, congenital</u>		
			INTERVAL BETWEEN ONSET AND DEATH		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>			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)		21f. HOW DID INJURY OCCUR? <u>7571</u>
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"/>			
22. I hereby certify that I attended the deceased from <u>April 9, 1953</u> , to <u>April 9, 1957</u> , that I last saw the deceased alive on <u>April 9, 1957</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paula Ruth</u>			23b. ADDRESS <u>337 W Lockwood</u>		23c. DATE SIGNED <u>4/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Boara</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>		ADDRESS <u>4104 Manchester Ave.</u>			
DATE REC'D BY LOCAL REG. <u>MAY 12 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.