

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41511**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **2885**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY OR TOWN Jennings	c. LENGTH OF STAY (in this place) 20 YEARS	c. CITY OR TOWN Jennings	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5515 Hamilton		e. STREET ADDRESS (If rural, give location) 5515 Hamilton	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle)	c. (Last) Venator	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1953
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5. SEX M	6. COLOR OR RACE W.H.E.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 6, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Carrier	10b. KIND OF BUSINESS OR INDUSTRY Trino Const.	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Carl Venator	13b. MOTHER'S MAIDEN NAME Ellen Miller	14. NAME OF HUSBAND OR WIFE Othilda Venator
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 488-09-4465	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Othilda Venator 5515 Hamilton
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Jan 10/1953
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum Sacculum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) ..		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 10, 1953**, to **Nov 8, 1953**, that I last saw the deceased alive on **Nov 8, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Taylor (Degree or title)	23b. ADDRESS 504 6603 Lillian St. Jennings, Mo.	23c. DATE SIGNED 11-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/11/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 11/9/53	REGISTRAR'S SIGNATURE Robert B. Stoddard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967 W. Florissant
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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.....
Signature of Student Embalmer

Signed *John Bentley*.....

Licensed Embalmer No. *3653*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.