

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32570

FILED SEP 28 1954

BIRTH NO. 75-410-54 REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 547 Registrar's No. 2223

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts Mo</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>3810 Keokuk St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUDITH</u> b. (Middle) <u>MARIE</u> c. (Last) <u>VENTUCCI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED? NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept 13-1954</u>		9. AGE (In years last birthday) <u>7 days</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RICH HTS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Cosmo Ventucci</u>		13b. MOTHER'S MAIDEN NAME <u>Jacqueline Steiner</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norm E. Cosmo Ventucci 3810 Keokuk Ave</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>Atele ctasis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity -</u> DUE TO (c) <u>Skin infection - pain -</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs - 8 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>7625</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/13</u> 19 <u>54</u> to <u>9/20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/20</u> , 19 <u>54</u> , and that death occurred at <u>1:00p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Jackson Gto</u>			23b. ADDRESS <u>M.O. 9 634 NO Grand St Louis</u>		23c. DATE SIGNED <u>9/21/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>9/21/54</u>		REGISTRAR'S SIGNATURE <u>Walter S. Tomberlin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Dockery 6526 Clayton Rd</u>	

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

*Not Embalmed*

*W. H. Bookman*

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.