

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 3 - 1956

State File No. 11557  
Registrar's No. 2792

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 <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, Missouri</u>		c. CITY OR TOWN <u>Brentwood 17, 1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>#4c York Hills.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>IRHEA</u>	b. (Middle) <u>WESTCOTT</u>	c. (Last) <u>VENNER.</u>	(Month) <u>March</u>	(Day) <u>17</u>	(Year) <u>1956</u>			
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>July 19, 1892</u>	9. AGE (In years, last birthday) <u>63.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife..</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Syracuse, New York.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Frank M. Westcott.</u>		13b. MOTHER'S MAIDEN NAME <u>Racheal Richards.</u>		14. NAME OF HUSBAND OR WIFE <u>William M. Venner.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. M. Venner, #4 York Hills.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic anemia</u>			<u>2 yrs.</u>
		ANTECEDENT CAUSES			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Septicemia</u>			<u>3 days.</u>

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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?	

22. I hereby certify that I attended the deceased from Dec. 14, 1953, to March 17, 1956, that I last saw the deceased alive on March 17, 1956, and that death occurred at 12:25 pm., from the causes and on the date stated above.

23a. SIGNATURE (Print or type) <u>Herbert C. Megard, M.D.</u>		23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>March 19, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>3/20/56.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>MAR 19 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, #7233 Delmar Bl'v'd.,</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Herbert C. Wiegand,  
#3720 Washington Blv'd.,  
OL: 2-4935.

Mon. ~~5:30~~ 4:30 pm  
in ~~attendance~~ attendance of  
840 ~~St. Louis~~ St. Louis  
August 18, 1911.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *x Clarence H. Muir*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.