

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18812**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3984**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5400 Arsenal St.		e. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St. 21370	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. Veninga c. (Last) Veninga		4. DATE OF DEATH (Month) (Day) (Year) 4/20/56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 9, 1896
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) orderly		10b. KIND OF BUSINESS OR INDUSTRY City Sanitarium	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Ben Veninga Veninga	13b. MOTHER'S MAIDEN NAME Christine Bottem	14. NAME OF HUSBAND OR WIFE ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-18-3112	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Oestreicher-3504 Sulphur

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	
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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. INCIDENT SPECIFIC HOW/WHEN	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE James M. Keely (Print name or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/23/56	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		

DATE REC'D BY LOCAL REG. APR 23 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Wacker-Waldale 3634 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

cause by auto
4/23/56

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.....
Robert C. Wheeler

Licensed Embalmer No. *212*

P. O. Address *St. Louis*

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.