

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26657**  
Registrar's No. **6283**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>6283</b>	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>16</b>		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 <b>St. Anthony Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3255 Hartford St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>T.</b> c. (Last) <b>Venverloh</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 9, 1871</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <b>Pleasant Hill - Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Cornelius Zeller</b>		13b. MOTHER'S MAIDEN NAME <b>Bridgette Klingler</b>	
14. NAME OF HUSBAND OR WIFE <b>Bernard Venverloh</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Cornelius Venverloh</b>		ADDRESS <b>3255 Hartford St.</b>			
18. CAUSE OF DEATH Immediately one cause per line for (a), (b), and (c) <b>Coronary heart failure</b>		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 Mo.</b>	
* This does not mean the mode of dying, such as heart failure, asthenic, etc. It means the ultimate injury or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic heart disease</b>		DUE TO (b)	
		DUE TO (c)			
19. DATE OF OPERATION <b>6/6/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Smith-Getterson Nail - left hip</b>		20. AUTOPSY? <input checked="" type="checkbox"/> 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.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9:45 57 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Feb. 1950</b> , to <b>July 3, 1957</b> , that I last saw the deceased alive on <b>July 2, 1957</b> , and that death occurred at <b>9:45 m.</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>C. Hoffmann</b>		(Degree or title)		23b. ADDRESS <b>161 Hampton Village Plaza</b>	
23c. DATE SIGNED <b>7/6/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/8/57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 6 57</b>		REGISTRAR'S SIGNATURE <b>C. Hoffmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>	
				ADDRESS <b>2630 Gravois Ave.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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: Leon E. Percy ..... Licensed Embalmer No. 4094 ..... 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.