

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3724

STATE FILE NUMBER

FILED FEB 14 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1352

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1710 N. Sarah St.			Length of stay in lb	STREET ADDRESS 1710 N. Sarah St. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First John Middle Henry Venzant Last Venzant			4. DATE OF DEATH Month 2 Day 3 Year 58		
5. SEX M	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1892 65	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labeler		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) New Albany, Miss.		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Aurienne (Unknown)		
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. 493-10-7903	17. INFORMANT Address Mrs. Viola Venzant-1710 N. Sarah		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Atypical Pneumonia</i>					INTERVAL BETWEEN ONSET AND DEATH 1-30-58.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) _____					492x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 1-30-58 to 2-3-58 and last saw ^{her} him alive on 2-3-58 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>R. Sharard, MD</i>			22b. ADDRESS 2702a Franklin		22c. DATE SIGNED 2-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-7-58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		23d. LOCATION (City, town, or county) St. Louis, Mo.	(State)
24. FUNERAL DIRECTOR A. L. Beal Und.-4303 Delmar			25. DATE RECD. BY LOCAL REG. FEB 5 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mr. Stewart

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 Cunningham*

Licensed Embalmer No. *44*

P. O. Address *2405 n*

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.