

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007926

STATE FILE NUMBER 1682

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Arbor Terrace 4150	
c. FULL NAME OF (If in hospital, give location) HOSPITAL OR INSTITUTION 4512 W. Pine		d. STREET ADDRESS (If outside, give location) 3811 Lawler Dr.	
3. NAME OF DECEASED (Type or print) ROSALIE PRUDENCE VENEZIA		4. DATE OF DEATH Feb. 11, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Mens Clothing Mfg.	11. BIRTHPLACE (City and state or country) Italy
13a. FATHER'S NAME John Passalacqua		13b. MOTHER'S MAIDEN NAME (Unknown) Corso	14. NAME OF HUSBAND OR WIFE John Venezia
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. 497-10-3548	17. INFORMANT Address John Venezia 3811 Lawler
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterio-Sclerosis DUE TO (c) Chronic Myocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 722-1			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 .Month, Day, Year .a.m. .p.m.			
20d. INJURY OCCURRED WHILE AT <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 Jan 10/58 to Feb 11/58 and last saw her alive on Feb 10/58 Death occurred at 9 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. D. Jensen M.D.		22b. ADDRESS 7226 Del Norte Richmond Mo	22c. DATE SIGNED 2/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 14, 58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Address Cullen Kelly 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. FEB 13 58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James A. Lemmer*

Licensed Embalmer No. *4142*
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.