

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016571

STATE FILE NUMBER

FILED APR 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4124

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Farmington Mo. 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 3/ R.R. 2 Farmington
3. NAME OF DECEASED (Type or print) First GERARD Middle A. Last VENKER			4. DATE OF DEATH Month APRIL Day 13 Year 1958
5. SEX Male 0	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 2-21-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Bernard Stamp Co.	11. BIRTHPLACE (City and state or country) St. Louis Mo. 0
13a. FATHER'S NAME John Bernard Venker		13b. MOTHER'S MAIDEN NAME Christine Ilges	14. NAME OF HUSBAND OR WIFE Venker Marguerite Fitzgerald
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mo. Marguerite Venker R.R. 2 Farmington
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALNUTRITION			INTERVAL BETWEEN ONSET AND DEATH 1 MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIFFUSE METASTATIC CARCINOMA, PRIMARY SITE COLON			2 YEARS
DUE TO (c) 153.8			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) THROMBOPHEBITIS 48 HOURS			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 MARCH 26, 1958 to APRIL 13, 1958 and last saw her alive on APRIL 13, 1958 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. E. Hamilton, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 4/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	4-16-1958	Resurrection	St. Louis Mo.
24. FUNERAL DIRECTOR Wingbermuehle 3819 S. Grand Blvd		25. DATE RECD. BY LOCAL REG. APR 15 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

ST. LOUIS, MISSOURI

APRIL 13, 1930

APRIL 13, 1930

VERMONT

GERARD

1 MONTH

MAINTENANCE

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 _____

Licensed Embalmer No. 4611

M.A. O.C.E.

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.