

13-40
7-39
DC2315

JAN 15 1940 791
Registration District No. _____

Primary Registration District No. **1005**

1. PLACE OF DEATH: **1**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Firmin Desloge Hospital**
(d) Length of stay: In hospital or institution **6 months**
In this community **7 years**

2. USUAL RESIDENCE OF DECEASED: **6**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **2740a St. Vincent Ave**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Hilma Venable**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **6**
year **1940** hour **3** minute **50 A.M.**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Hubert** 6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **May 27, 1910**

21. I hereby certify that I attended the deceased from **5/26/40**
to **12/6/40**, 19____; that I last saw her alive on **12/5/40**, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **30** Months **6** Days **9** If less than one day _____ hr. _____ min.

Immediate cause of death **Congestive heart failure**
Due to **Rheumatic heart disease**

9. Birthplace **Fredericktown, Missouri**
10. Usual occupation **Housewife**

Other conditions **Hypostatic pneumonia**
Major findings: **Lobar**

MOTHER FATHER { 11. Industry or business _____
12. Name **Edgar Davis**
13. Birthplace **Missouri**
14. Maiden name **Emma White**
15. Birthplace **Missouri**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
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16. (a) Informant **Hilma Venable**
(b) Address **2740a St. Vincent Ave**
17. (a) **Burial** (b) Date thereof **12/8/40**
(c) Place: burial or cremation **Fredericktown, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **W. McLaughlin**
(b) Address **2301 Lafayette Ave**
19. (a) **DEC 7 1940** (b) **J. H. Bredeck**

23. Signature **Geo. T. DeLynn**
Address **Firmin Desloge Hosp.** Date signed **12-6-40**

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

L.R. Casper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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 this body is not embalmed, fact should be so stated above.