

MAY 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13886

1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township CentralPrimary Registration District No. 6033BCity Central(No. 6333, Audrey Ave.)File No. 130Registered No. 130St. Central Ward2. FULL NAME Reva R. Severs(a) Residence. No. 6333 Audrey Ave. St. Central Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvin A. Severs6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 19007. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 7 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mc Leansboro
(STATE OR COUNTRY) Illinois10. NAME OF FATHER Wm. Leffler11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Emma Dale13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)14. INFORMANT Mr. Alvin A. Severs
(Address) 6333 Audrey Ave.15. FILED 4/24 19 30 Reva R. Severs M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 193017. I HEREBY CERTIFY, That I attended deceased from April 15 1930 to April 23 1930 that I last saw him live on 4/23 1930, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute nephritis &HB mearna130
130B
130B (duration) yrs. mos. ds.CONTRIBUTORY (SECONDARY) flu (influenza)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 128

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. J. Keefe M. D.4/24 1930 (Address) 3936 Lindell

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Libanion Cemetery DATE OF BURIAL 4 25 193020. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3936 Lindell

10 to 11 4 to 5 7 to 8

Lindell 2453