

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 79E  
 Township ..... Primary Registration District No. 79E  
 City St. Louis (No. 70 Vandeventer Place St. ..... Ward) 11

**21407**

File No. ....

Registered No. **5191**

**2. FULL NAME**

(a) Residence, No. 70 Vandeventer Place St. St. Louis Ward. 11  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2, 1872</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>9</u>	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>no occupation</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....			
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>				
FATHER	13. NAME <u>Michel Ravold</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>			
MOTHER	15. MAIDEN NAME <u>Annie Nussy</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Pa</u>			
17. INFORMANT <u>Amund Ravold</u> (ADDRESS) <u>70 Vandeventer Place</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 14, 1938</u>				
19. UNDERTAKER <u>W. J. Bremer</u> (ADDRESS) <u>1838 1/2 Olive St.</u>				
20. FILED <u>1838</u> 19 <u>38</u> <u>J. F. Bredeck</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9<sup>th</sup>, 1873, to June 11<sup>th</sup>, 1938.

I last saw her alive on June 11<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Encephalitis Date of onset June 4<sup>th</sup>

Other contributory causes of importance: - General Arterio Sclerosis over 15 years

Name of operation Clival Date of .....  
 What test confirmed diagnosis? Clival Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....

(Signed) E. W. Smith, M. D.  
 (Address) 3720 Washington Ave

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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