

Every statement should be carefully checked by the physician. Every statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1936

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

Do not use this space.

24490

791
 1003

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City *St. Louis* (No. *Mo. Baptist Hosp.*)
 St. _____ Ward)

2. FULL NAME

May Revinson
 (a) Residence, No. *4343 Page* St. *11* Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred *53* yrs. — mos. — ds. How long in U. S., if of foreign birth *53* yrs. — mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Fannie Revinson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 15, 1867</i>		
7. AGE YEARS <i>69</i>	MONTHS <i>4</i>	DAYS <i>30</i>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tailor</i>	
	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) <i>1931</i>	11. Total time (years) spent in this occupation <i>50</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>		
FATHER	13. NAME <i>Zolman Revinson</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>	
MOTHER	15. MAIDEN NAME <i>Channah (Unknown)</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>	
17. INFORMANT <i>Ely Revinson</i> (ADDRESS) <i>2536 Marine Overland, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Chapel the (month) June 1936</i>		
19. UNDERTAKER <i>Openhaysley Fun. Dir.</i> (ADDRESS) <i>1469 Washington</i>		
20. FILE <i>JUN 15 1936</i> <i>J. B. Braddock</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 14, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 30, 1930*, to *June 14, 1936*.
 I last saw him alive on *June 14, 1936*. Death is said to have occurred on the date stated above, at *1875A*.
 The principal cause of death and related causes of importance were as follows:
 Cerebral Hemorrhage 6 days
 Other contributory causes of importance: *93C*
 Chronic Myocarditis 6 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) *W. J. Lenz* M. D.
 (Address) *6637 Enright*

Dr. W. H. Smith
6651 E. Wright

9:30 Monday morning