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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29576

Registration District No. 784

Primary Registration District No. 121

Registrar's No. 1658

1. PLACE OF DEATH:

(a) County St. Louis, County

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Herman H. Ravo 100

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. ANKN

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 6 1900  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>2</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Neier Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Ravo

13. Birthplace Neier Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Perick

15. Birthplace Moselle Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Ravo

(b) Address Union, Mo.

17. (a) Burial (b) Date thereof Aug 31, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Albert H. Hoop Inc.

(b) Address 4700 Washington Blvd.

19. (a) AUG 30 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Franklin

(a) State 0 Missouri (b) County XXXXXXXXXX

(c) City or town Union  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 1940 hour \_\_\_\_\_ minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Auto - Truck Collision - while driving an automobile which collided with a truck on a public highway

Due to \_\_\_\_\_

Due to Fractured Skull - Abdominal

Other conditions visceral  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy [Signature]

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 30, 1940

(c) Where did injury occur? Autonomous mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? no (Specify type of place) (e) Means of injury Collision!

23. Signature John O. Gully (M. D. or other \_\_\_\_\_)

Address Warner St. Union Mo. Date signed 8/30/40

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 *Albert G. Hays*.....

Licensed Embalmer No. *2971*.....

P. O. Address.....

**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.**