

7911

17003

Registrar's No. **16816**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Bros. 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) **1**

3. (a) PRINT FULL NAME **James E. Revett**

3. (b) If veteran name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Louise Revett** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased. **Feb. 14th 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	10	12	hr. min.

9. Birthplace **Butler Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Confectionery**

12. Name **George Revett**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Revett**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Revett**

(b) Address **2822 Osage Ave.**

17. (a) **Burial** (b) Date thereof **12-30-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuar**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **DEC 30 1940** (b) **J. T. Bredek**
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County.....
(c) City or town. **St. Louis** **24**
(If outside city or town limits, write "RURAL")
(d) Street No. **2822 Osage Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **26th**
year **1940** hour **12:30** minute. **P.M.** M.

21. I hereby certify that I attended the deceased from **Sept. 15**
1939 to **Dec. 26**, 19**40**,
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. **Coronary Thrombosis**
Due to.....
Due to.....
Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration **about 3 weeks**
5 years
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).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature..... (Specify type of place) While at work? (e) Means of injury.....

23. Signature **J. T. Bredek** (M. D. or other) **12/30/40**
Address **3548 S. Grand** Date signed **12/30/40**

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

MOTHER FATHER

Mr. Wm. Wenzelberg
3548 So. Grand St.
Pho 2-447-8330
Faelek 8637

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..... *Ernie A. McMurat*

Licensed Embalmer No. *3024*

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.