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I—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Bo 1471 1-4 Bo 7870

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19330

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1028

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Mother of Good Council Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ Months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 96 10 0

(a) State Missouri (b) County St. Louis

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

(d) Street No. None 0
(If rural, give location)

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

3. (a) PRINT FULL NAME CECILIA REVOIR.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Michael Revoir.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased September 4, 1866. (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 8 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Indiana. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER 12. Name John Pfahls

13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

MOTHER 14. Maiden name Matilda Gentry.

15. Birthplace ? (City, town, or county) Indiana. 1 (State or foreign country)

16. (a) Informant Mrs. Erward R. Goddard.

(b) Address Robertson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15, 1941. (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdenand Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAY 14 1941 (Date received local registrar) (b) T. R. Myers M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th. year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec-8- 1940, to May 12- 1941, that I last saw her alive on May-12- 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	2 days
Due to	
Due to 107	
Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)	9 months

Major findings:
Of operations
Of autopsy

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. H. Hale (M. D. or other)

Address 4903 Delmar Date signed 5/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. _____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 3966 Easton St. Louis

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, above space should be left blank.