. S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

40100

FILED NOV 28 1947 318

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 10661

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 Enroute City Hospital #1 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1442 N. 11th Street 9
(If rural, give location)
25 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES ALBERT REVELL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ABOUT 1890 (Month) (Day) (Year)

8. AGE: ABOUT Years 57 Months Days If less than one day hr. min.

9. Birthplace MARBLE HILL, MO. (City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
FATHER
12. Name JOHN REVELL
13. Birthplace MARBLE HILL, MO 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY DOUGLAS
15. Birthplace MARBLE HILL, MO 0 (City, town, or county) (State or foreign country)
16. (a) Informant MARY BLACK
(b) Address 2102 N. 14 TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-20-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew
18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue
19. (a) NOV 20 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th year 1947 hour 6 minute 45 P 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 — Duration
Carcinoma of left kidney
Due to
Due to Wall Metastasis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 52
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Patrick E. Taylor (M. D. or other)
Address Date signed

Jefferson City Printing Co.

(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 ..... Me ..... Registered Apprentice No. .....

working under my personal supervision.

Signed Benj. C. Dennison

Licensed Embalmer No. 2272

P. O. Address 192 Allen

**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.**