o. 2
/47
7-39

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

State File No. 25044

FILED AUG 13 1948

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 1303

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8306 Eads Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Vinita Park.
(If outside city or town limits, write "RURAL")

(d) Street No. 8306 Eads Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Myrtle E. Revoldt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George J. Revoldt

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 8, 1891
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Centralia Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Lester Leuty
13. Birthplace Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nannie Jennings
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred P. Hunter
(b) Address 8306 Eads Ave.

17. (a) Burial (b) Date thereof 7)27)48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.

19. (a) 7-27-48 (b) Cecil A. Sharp M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24, year 1948 hour 11 minute 22 A. M.

21. I hereby certify that I attended the deceased from 7/23/48, 19..., to 7/24, 1948; that I last saw her alive on 7/24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Hypertension	
Due to: 83	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature S. E. Ramol (M. D. or other)

Address Overland, Mo. Date signed 7/26/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.