

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31864**
Registrar's No. **7987**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale	
c. LENGTH OF STAY (in this place) 9 days		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 337 Arden	

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) T. c. (Last) Prevo			4. DATE OF DEATH (Month) (Day) (Year) Sept 16 50		
5. SEX male		6. COLOR OR RACE white		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 2-4-1883			9. AGE (In years last birthday) 67	10 UNDER 1 YEAR Months Days	10 UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? usa					

13a. FATHER'S NAME Elisha Prevo		13b. MOTHER'S MAIDEN NAME Nancy Krava Self		14. NAME OF HUSBAND OR WIFE Lola	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Prevo Glendale Calif	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acoustic Neuroma INTERVAL BETWEEN ONSET AND DEATH about 1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post op.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9/14/50		19b. MAJOR FINDINGS OF OPERATION cerebella pontine angle tumor		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 223K	
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22. I hereby certify that I attended the deceased from **Sept 12, 1950**, to **Sept 16, 1950**, that I last saw the deceased alive on **Sept 16, 1950**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. DeWitt Jr. M.D.		23b. ADDRESS Barnes Hospital St. Louis, Mo.		23c. DATE SIGNED Sept 16	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-18-50		24c. NAME OF CEMETERY OR CREMATORY Green Lawn	
24d. LOCATION (City, town, or county) (State) Walnut Grove MO					

DATE REC'D BY LOCAL REG. SEP 21 1950		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4121 Manchester Ave. St. Louis 10, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 30 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Van M Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 4243

P. O. Address St Louis 10 Mo

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.