

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046193
STATE FILE NUMBER
11629

FILED DEC 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's

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-57

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips | | d. STREET ADDRESS (If outside, give location) 277 119 4274 W. N. Market | |
| Length of stay in lb | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|---------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last CAMERON RAVLIA | | | 4. DATE OF DEATH Month Day Year November 30, 1958 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 8, 1878 | 9. AGE (In years last birthday) 80 | 10. F UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Cottleville, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME William Ravlia | | 13b. MOTHER'S MAIDEN NAME Mary Reed | |
| 14. NAME OF HUSBAND OR WIFE Hattie Ravlia | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Hattie Ravlia | | Address 4274 W. N. Market | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> |
| DUE TO (b) <i>Corbic Aneurysm</i> | | | |
| DUE TO (c) <i>Hypertrophy & Dilatation of Heart</i> | | | <i>3 days</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Polycystic Kidneys 022X</i> | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 23a, 23c, 23d CORRECTED BY AFFIDAVIT of Funeral Director 12-30-58 | |
| 20c. TIME OF INJURY Hour Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |

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| 21. I attended the deceased from <i>May 1955</i> to <i>Nov 1958</i> and last saw her alive on <i>Nov 30-1958</i> Death occurred at <i>Nov 30 12:09 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <i>J. E. Moore MD</i> | (Degree or title) | 22b. ADDRESS <i>2330 E. Franklin</i> |
| 22c. DATE SIGNED <i>12/2/58</i> | | |

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| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <i>Removed</i> | 23b. DATE <i>12/5/58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i> |
| 24. FUNERAL DIRECTOR <i>Charles J. Gates</i> | ADDRESS <i>4107 Finney</i> | 25. DATE RECD. BY LOCAL REG. <i>DEC 3 '58</i> | 26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> |

All diseases in Part I must be cogently related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 MEDICAL CERTIFICATION
 Original: *Thurman*

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gupton Swain*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Ave

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.