

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~61-019902~~ -61-019902
STATE FILE NUMBER

AMENDED Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1343

FILED MAY 22 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b D.O.A.	c. CITY OR TOWN Vinita Park
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8306 Eads Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle J. Last Revoltdt	4. DATE OF DEATH Month May Day 11 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11)10)1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Macomb Michigan	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Revoltdt	13b. MOTHER'S MAIDEN NAME Sophia Tilk	14. NAME OF HUSBAND OR WIFE The Late Myrtle Revoltdt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	17. INFORMANT Address Mildred Rancilio 8306 Eads Ave.
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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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerotic Heart Disease		5 yrs.
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 10-25-49 to 5-11-61 and last saw him alive on 5-1-61
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman J. Kloeker M.D.	22b. ADDRESS 9616 Oakland Rd.	22c. DATE SIGNED 5-12-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5)15)1961	23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) St. Ann, Mo.
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24. FUNERAL DIRECTOR Collier Mortuary	ADDRESS St. Ann, Mo.	25. DATE RECD. BY LOCAL REG. 5-13-61	26. REGISTRAR'S SIGNATURE John B. Manly M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.