FILED DEC 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43089

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 306

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY OR TOWN ~~St. Louis Co.~~ Clayton

c. LENGTH OF STAY (In this place) township)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo

b. COUNTY St Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riverview Gardens, 4030

d. STREET ADDRESS (If rural, give location) 560 Scranton

3. NAME OF DECEASED (Type or Print) a. (First) Jimmie b. (Middle) Revelle c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 12-22-1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 8-[illegible]-1938

9. AGE (In years last birthday) 12 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Revelle

13b. MOTHER'S MAIDEN NAME Mary Weaver

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Revelle 560 Scranton

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) by drowning while walking on ice which broke and falling into

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Moline Creek near Bellefontaine & St. Cyr Roads, St. Louis

DUE TO (c) County, Mo.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) creek

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 22 50 P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? see above

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold Schellmann (Degree or title) Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 12/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal, IL

24b. DATE 12-24-50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

DATE REC'D BY LOCAL REG. 12/23/50

REGISTRAR'S SIGNATURE Herbert R Dunke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Haman Funeral Home Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

Signed _____
Student Embalmer

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.