

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13326

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3831**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St. Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3206 Barrett St.</i>		e. STREET ADDRESS (If rural, give location) <i>10 3206 Barrett St. 2109</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Adline</i>	b. (Middle) _____	c. (Last) <i>Lerevoisier</i>	4. DATE OF DEATH (Month), (Day) (Year) <i>April 25, 1954.</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 5, 1874</i>	9. AGE (in years last birthday) <i>80</i>	# UNDER: YEAR Months Days <i>2 20</i>	# UNDER: YEAR Hours Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <i>Contagoville, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Alfred Meette</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Adolph Lerevoisier</i>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Betty Lerevoisier</i>	ADDRESS <i>3206 Barrett St. St. Louis</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i> <i>6 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerotic Heart Disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Cerebral Hemorrhage</i>		
DUE TO (b) _____		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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>4200</i>
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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?
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22. I hereby certify that I attended the deceased from *April 1952 to 4-25, 1954*, that I last saw the deceased alive on *4-15, 1954*, and that death occurred at *2 42 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Schaepe</i>	(ID. No. or Title) <i>M.D.</i>	23b. ADDRESS <i>63416 Grand Ave. St. Louis, Mo.</i>	23c. DATE SIGNED <i>4-27-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/28/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Garden</i>	24d. LOCATION (City, town, or county) (State) <i>Pennsylvania + Philadelphia Pa. Pa.</i>
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DATE REC'D BY LOCAL REG. <i>APR 28 1954</i>	REGISTRAR'S SIGNATURE <i>J. Cash Smith Mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gull-Campbell Mortuary</i>	ADDRESS <i>5165 Delmar St.</i>
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(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Rex E. Campbell*.....

Licensed Embalmer No. *3881*

P. O. Address *St. Louis 8*

**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.**