

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35880

State File No.

9372

FILED OCT 26 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. Louis Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4577 Cottage Ave		e. STREET ADDRESS (If rural, give location) 4577 Cottage Ave 21190	
3. NAME OF DECEASED (Type or Print) Luella Blanks Revealy		4. DATE OF DEATH (Month) (Day) (Year) Oct 12, 1954	
5. SEX Female		6. COLOR OR RACE Col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 2 1884	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	
11. BIRTHPLACE (City and State or Foreign Country) Wentzville Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Revealy		13b. MOTHER'S MAIDEN NAME Mary Bel Anderson	
14. NAME OF HUSBAND OR WIFE Dead		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Charles Blanks	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 4577 Cottage Ave	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 8 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Bronchial Asthma		15 yrs	
DUE TO (c) Sclerohyal Arteriosclerosis		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis		Unknown	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 241X	
22. I hereby certify that I attended the deceased from 10-4, 1954 , to 10-12, 1954 , that I last saw the deceased alive on 10/12, 1954 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. E. Moore M.D.		23b. ADDRESS 809 E. N. Jefferson	
23c. DATE SIGNED 10/15/54		24. LOCAL (City, town, or county) (State) St. Louis County Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/16/54	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. OCT 15 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Harman J. Smith		ADDRESS 4247 W Labadie	

(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI

MISSOURI

St. Louis

4375 Cottage Ave

4375 Cottage Ave

St. Louis, Mo

Reverly

St. Louis

Missouri

St. Louis, Mo

St. Louis

Missouri

St. Louis

St. Louis

St. Louis, Mo

St. Louis

St. Louis

St. Louis

St. Louis, Mo

St. Louis

St. Louis

St. Louis

St. Louis, Mo

St. Louis

St. Louis

St. Louis

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 *W.C. Gardner*

Licensed Embalmer No. 388

P. O. Address 4575 Cottage 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).

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

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

St. Louis, Mo