APR 30 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10075

1. PLACE OF DEATH

County ST LOUIS — Registration District No. 786 — File No.

Township CENTRAL — Primary Registration District No. 4469 — Registered No. 16

City MAPLEWOOD (No. 2601 SUTTON AVE St. Ward)

2. FULL NAME GILMORE R. AVIS

(a) Residence. No. 2601 SUTTON St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Clara L Avis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	2	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate Office

(c) Name of employer Thos. C. Gorman

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Calvin Avis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Clara L Avis
(Address) 2601 Sutton Ave

15. FILED 3/4, 1930 Mercedes Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 2 1930

17. I HEREBY CERTIFY, That I attended deceased from interval 1925, 19..., to Mar. 2, 1930 that I last saw him alive on Mar. 2 1930, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myocarditis
93B
118C

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) acute gastritis recurrent for (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Phillips N. Davis M.D.

3/4, 1930 (Address) 7346 Manchester

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Missouri Crematory — DATE OF BURIAL 3/5 1930

20. UNDERTAKER Croghan Und Co. 7146 — ADDRESS Manchester

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.