

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

8554
Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County St Louis Registration District No. 721
 (b) Township St Louis Primary Registration District No. 1002 Registered No. 2142
 (c) City St Louis (d) Street No. De Paul Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret A. Avis 12.0
 (a) Residence, No. 2500 Hord Ave St. N.R. JENNINGS, MO.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Richard T. Avis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1872

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
66	2	0	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Patrick Driscoll 8/5/1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER

15. MAIDEN NAME Margaret Welsh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Margaret M. Avis (ADDRESS) 2500 Hord Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 4th 38

19. FUNERAL DIRECTOR Stroet - Carroll (ADDRESS) 4600 Natural Bridge Ave

20. FILED MAR 2 1938 J. F. Brennan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938 to March 1 1938
 I last saw her alive on March 1, 1938 Death is said to have occurred on the date stated above, at 8.45am
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset 12-1-35
Chronic Myocarditis 12-1-35

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis Review Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

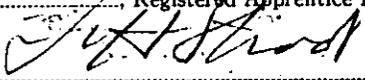
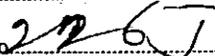
Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) R. Bennett Evans, M. D.
 (Address) 3802 W. Grand Ave

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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by.....
working under my personal supervision.

Signed  Registered Apprentice No.....
Licensed Embalmer No. 

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.)