R 24 1939

REC'D MAY 11 1939

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

2

16155
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis County. Registration District No. 784
(b) Township Primary Registration District No. 1.5 Registered No. 735
(c) City University City (d) Street No. 6850 Melrose Ave. 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.

1 1 0

2. PRINT FULL NAME Auguste Mauvais.
(a) Residence, No. 6850 Melrose Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Honorine Mauvais.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1941.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
98	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chef
9. Industry or business in which work was done, as saw mill, bank, etc. retired.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

FATHER
13. NAME Dont know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

MOTHER
15. MAIDEN NAME Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT Mr. Gustave H. Mauvais.
(ADDRESS) 6850 Melrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE April 25, 1939

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED APR 24 1939 [illegible] Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939 to April 22, 1939
I last saw him alive on April 22, 1939. Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 4/22/39
Hypostatic.
139

Other contributory causes of importance:
Prostatic hypertrophy with retention & uremia

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) George Flecker, M. D.
(Address) 6077-18 Minnesota
Kirkwood Mo.

Dr. Geo. Stickney
Mo. The Bldg.
11 to 12 Jf 5354

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, Leonard W Kraeger, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Leonard W Kraeger

Licensed Embalmer No. 2678

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.