

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

2
43
39
35697

FILED FEB 27 1944
318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25yr. 7mo. 6ds.
In this community 47 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. City Not Known Sanitarium
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME ANNA CAROLINE MAVIS

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife George Mavis 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Apr. 15, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 2 hr. _____ min.

9. Birthplace not known Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Not Known
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Helma Singer
(b) Address 5400 Arsenal St
17. (a) Burial (b) Date of Jan 21 St
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 14 Th Str
19. (a) JAN 19 1944 (b) J.F. Brebeck
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17,
year 1944 hour 4.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1943, to Jan. 17, 1944,
that I last saw her alive on Jan. 17, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza contr. Senility.
Duration 10ds.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury On St

23. Signature C. J. McComell (M. D. or other)
Address 5400 Arsenal Date signed 1/17/44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

732 Lemay Ferry Rd.

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