

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 1 1945

STANDARD CERTIFICATE OF DEATH

State File No. 38564

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 2686

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6825 Easton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Allrgheny 999

(c) City or town Pittsburgh 36
(If outside city or town limits, write "RURAL")

(d) Street No. 815 Phineas St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 2

If yes, name country.....

3. (a) PRINT FULL NAME Frederick Henry Mavis

3. (b) If veteran, name war.....

3. (c) Social Security No. 068-20-6644

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 30 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	8	4	hr. min.

9. Birthplace Pittsburgh Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

MOTHER FATHER { 12. Name Frederick H. Mavis Sr.

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Laura Minn

15. Birthplace Pittsburgh Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Mavis

(b) Address 815 Phineas St., Pitts. Penn.

17. (a) Removal (b) Date thereof 11-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburgh, Penn.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 11-27-45 (b) E. S. J. Sarant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 24th
year 1945 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive 3rd Deg burns

Due to Accident

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) Accident 9/6

(b) Date of occurrence Nov. 24, 1945

(c) Where did injury occur? St. Louis County Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Camp (Auto Camp)

While at work? no (Specify type of place)

(e) Means of injury Fire

23. Signature Arnold J. Willmann Coroner
Address Dayton, Mo Date signed 11-26-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 13 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.