

FILED FEB 18 1948
Registration District No.

Primary Registration District No.

6076

Registrar's No.

340

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ballas Road Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Creve Coeur 7
(If outside city or town limits, write "RURAL") 0
(d) Street No. Ballas Rd Rural 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Henry F. Mavies

3. (b) If veteran, name war

None

3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept 1 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 5 hr. min.

9. Birthplace Creve Coeur Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Mavies
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Loemker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mavies
(b) Address Creve Coeur, Mo., R#1
17. (a) Burial (b) Date thereof 2-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Ev. Cemetery

18. (a) Signature of funeral director William Bros. Inc.
(b) Address 2504-Woodson Rd-Overland, Mo.
2-9-46 (c) W. M. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1946 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 10
1946 to Feb 6, 1946;
that I last saw him alive on Feb 2, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Dr. Myr Cardiac & Aortic
Regulator
Due to Ca of perforated &
maternal ribs
Due to hypertrophy from
pericarditis
Other conditions
(Include pregnancy within 3 months of death)

Duration

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?

(Specify type of place)
While at work? Yes Means of injury.....
23. Signature Walter R. Keltner (M. D. or other)
Address 757 W. Main Date signed 2-9-46

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

6084

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland Mo.*

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.