No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43837

FILED DEC 22 1947

Registration District No. 3177

Primary Registration District No. 6076

Registrar's No. 2557

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: McKelvey Road (If not in hospital or institution, write street number or location)

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

In this community (50) Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. McKelvey Road (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William A. Mavis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 24 (Day) 1862 (Year)

8. AGE: Years 85 Months 1 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Maryland Heights (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Mavis
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Catherine Lemke
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Alma Mavis

(b) Address Robertson, Mo. R#1 Box 232

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 12-13-47 (Date received local registrar) (b) Cecil Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1947 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from Dec 6th, 1947 to Dec 11, 1947; that I last saw him alive on Dec 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature A. H. Taylor MD (M. D. or other)

Address 200 N. Main St Charles Mo Date signed 12/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 17 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.