REC'D AUG 12 1938

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

23851
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6545

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. at City Hosp.#1. 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.

2. PRINT FULL NAME Charles Arthur Maves, Jr.
(a) Residence, No. 5359 St. Louis Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oletta Maves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1914

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
24	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis Mo.

FATHER
13. NAME Charles A. Maves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Katherine Wimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Charles A. Maves
(ADDRESS) 5359 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 7/25/38 19

19. FUNERAL DIRECTOR Edith E. Ambruster
(ADDRESS) 4274 Manchester

20. FILED AUG 22 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 m A.M.
The principal cause of death and related causes of importance were as follows:
Hemoglobinuria; Intestinal Hemorrhage; (post transfusion); as a result of carbon monoxide poisoning when he was found with vacuum sweeper hose attached to exhause and running into his automobile, on July 16, 1938, about 10.30 A.M., about 500 feet north of the North End Boat Harbor, 9400 Riverview Dr.
Date of onset
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/16, 1938
Where did injury occur? St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Florenz Eymak, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Florenz Eymak

Licensed Embalmer No. 1284

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.)