

Registration District No. **791**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6726 Clayton Ave. **3**  
(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

**3. (a) PRINT FULL NAME** Addie M. Tavis  
**8. (b) If veteran,** name war None **5. (c) Social Security** No. None

**4. Sex** Female **5. Color or** White **6. (a) Single, widowed, married,** Widowed  
**6. (b) Name of husband or wife** Daniel **6. (c) Age of husband or wife if** 30 years  
**7. Birth date of deceased** May 30 1882  
(Month) (Day) (Year)

**8. AGE:** Years 78 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Louisville Kentucky  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housework

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** John Mellotte  
**13. Birthplace** Kentucky  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Temperance Tavis  
**15. Birthplace** Virginia  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. EM. Cone  
**(b) Address** Brentwood, Mo.

**17. (a)** Burial **(b) Date thereof** 10/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Valhalla Cemetary

**18. (a) Signature of funeral director** Albert H. Hoppe  
**(b) Address** 4700 Washington Ave.

**19. (a)** OCT 7 1940 **(b)** \_\_\_\_\_  
(Date received local registrar) (Date of death)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Illinois (b) County Montgomery  
(c) City or town Nokomis **NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 215 East Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct day 6th  
year 1940 hour 6 minute 20 a.m.

**21. I hereby certify that I attended the deceased from** Oct. 6  
1940, to Oct. 6, 1940  
that I last saw her alive on Oct. 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease  
Duration One year

Due to arteriosclerosis

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 \_\_\_\_\_

**23. Signature** Foster A. Dill (M. D. or other) \_\_\_\_\_  
**Address** 7346 Manchester **Date signed** 10/6/1940

**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

*Albert G. Hoffe*

Licensed Embalmer No. 2971

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, above space should be left blank.**