

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

Do not use this space.

21459

1. PLACE OF DEATH

County Registration District No. 201
 Township Primary Registration District No. 308
 City, St. Louis (No. 6 - Park City) Hospital # 1 St. Ward)

File No.
 Registered No. 6021

2. FULL NAME

Fred. J. Mudd
 (a) Residence, No. 1225 N. Taylor St., 12 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>male</u>	<u>White</u>	<u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 - 1882</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>5</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sanitary Products Salesman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>W. Sanitary Products</u>			
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
			<u>18 1/2</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
	13. NAME <u>James Demasius Mudd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Elizabeth Nell</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	17. INFORMANT <u>Cora Reibmeyer</u> (ADDRESS) <u>1716 N. Grand Blvd</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Church</u> DATE <u>June 29</u> 19 <u>52</u>				
19. UNDERTAKER <u>Callaway Bros.</u> (ADDRESS) <u>1716 N. Grand Blvd</u>				
20. FILED <u>LN 28 1532</u> <u>W. E. Mudd</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1952
 22. I HEREBY CERTIFY, That I attended deceased from St. Thomas in Maryland, 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:00 m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Shock & Injury (Fractured skull) received in fall from window at residence.
 Other contributory causes of importance:
Accident
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6/26, 1952
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fall from window
 Nature of injury Fract. skull
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed) J. W. Kermer, M. D.
 (Address) Dep. Coroner

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

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.

