

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **City, Hospital #1**)

File No. **17829**
 Registered No. **4017**
 St. Ward)

2. FULL NAME

Albert J. Mudd
 (a) Residence, No. **3004 Compton** St., **16** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **5 yrs. 6 mos.** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Manica S. Mudd**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 17-1864**

7. AGE YEARS **67** MONTHS **1** DAYS **16** If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired school**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Teacher**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **10 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Prarie Du Roche Ill**

13. NAME **Leo Mudd**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Prarie Du Roche Ill**

15. MAIDEN NAME **Mary Kavel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

17. INFORMANT (ADDRESS) **Mrs. Flora LaChance Ste. Genevieve Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Prarie Du Roche Ill** DATE **5-6-33**

19. UNDERTAKER (ADDRESS) **Leo Basler Ste. Genevieve Mo**

20. FILED **44-4156-19** **F. Bredick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3 1933**

22. I HEREBY CERTIFY, That I attended deceased from **St. Louis Mo** 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **7:45** a.m.

The principal cause of death and related causes of importance were as follows:

Internal Haemorrhage from aseptic trauma received when struck by auto in St. Louis Mo. Deceased was a pedestrian.
 Other contributory causes of importance: **Accident**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **5/3 1933**
 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. **Public Place**

Manner of injury **Struck by auto**
 Nature of injury **Internal Haemorrhage**

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

(Signed) **Wm. J. McCreary** (Address) **St. Louis Mo**
Deputy Coroner
5/4/33

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.

