

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

OCT 21 1936

Do not use this space.

35370

1. PLACE OF DEATH
 County St Charles Registration District No. 757
 Township St Charles Primary Registration District No. 3036
 City St Charles (No. _____) St. _____ Ward _____

2. FULL NAME Fred Mutert
 (a) Residence, No. 301 Pike St St Charles Mo (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.

File No. _____
 Registered No. 176

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14th 1853</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
9. Industry or business in which work was done, as silk mill, 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) <u>Germany</u>		
13. NAME <u>F Mutert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>u</u>		
17. INFORMANT <u>Gus Mutert</u> (ADDRESS) <u>St Charles Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marthasville Mo</u> DATE <u>Sept 13th 1936</u>		
19. UNDERTAKER <u>H C Dellmeyer & Sons Inc</u> (ADDRESS) <u>608 N 2nd St Charles Mo</u>		
20. FILED <u>9/17</u> <u>36 Clarence H. Mueller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936, to Sept 11, 1936.
 I last saw him alive on Sept 11th, 1936. Death is said to have occurred on the date stated above, at 6:10 P. M.
 The principal cause of death and related causes of importance were as follows:
Generalized Arteriosclerosis Date of onset ?
Essential Hypertension ?
 Other contributory causes of importance:
Benign hypertrophy of prostate ?
Emphysema ?
Sarcoidosis ?

Name of operation None Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. O. Hayden, M. D.
 (Address) St. Charles, Mo

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.

