

APR 9 1937

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. **22.07 CHESTNUT**)File No. **10722**Registered No. **3296**

St. Ward)

2. FULL NAME **FRED J. MUTH**(a) Residence, No. **22.07 CHESTNUT** St., **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **55** 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)

MALE**WHITE****SINGLE**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN 2 - 1882**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

55**3****19**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

STEEL WORKER

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) **MARCH 1937**11. Total time (years) spent in this occupation **35 1/2**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MO**

13. NAME

WILLIAM MUTH14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME

ANNA SIEBERT16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MO**17. INFORMANT (ADDRESS) **ERNST MUTH 217 21st ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **NEW BETHLEHEM** DATE **MARCH 26 1937**19. UNDERTAKER **PIEDRICH FUNERAL HOME**(ADDRESS) **8319 Halleys Ferry Rd**20. FILED **MAR 25 1937**

19

J. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/21 1937**

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 **9:00 a.m.**

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

Haemorrhage, Subarachnoid, into brain (laceration of brain), Fractured Ribs, Fractured Sternum
Suffered when he fell over banister from 2nd to 4th floor at De. Val Hotel on 3/19/37 at about 8:00 or 9:00 P.M.
 Other contributory causes of importance:

Date of onset

Broncho Pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **3/19/1937**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.

Manner of injury **At De. Val Hotel**Nature of injury **As See Above**24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Alfred J. Perry**(Address) **Deputy Coroner**

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.

