No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40701

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10472

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: 3919 St. Louis Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3919 St. Louis Ave. 1D
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Mudd

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis L

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 3, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	16	hr. min.

9. Birthplace Huntsville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER

12. Name H. Beeds

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jane Huntsman

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant H.E. Stehm

(b) Address 3919 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. Brown L. & U. Co.

(b) Address 2707 N. Grand Ave.

19. (a) DEC 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th year 1940 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from 7-3-, 1937, to 12-17-, 1940; that I last saw h. alive on 12-17-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	12/18/40
Due to: Toxic Myocarditis	?
Due to: Toxic Goitre	?
Other conditions: Hypertension & Arteria Sclerosis (Include pregnancy within 3 months of death)	

Major findings: None
Of operations

Of autopsy None

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) None

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Nicholas S. Vitale (M. D. or other) M.D.

Address 3861 St Louis Ave. Date signed 12/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 2631

P. O. Address 2702 N [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.