

FILED DEC 9 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:  
American Hotel on Street.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Urban Sidney Mudd.

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hallie Mudd. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 28th., 1892  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 52    | 5      | 4    | .....hr. ....min.    |

9. Birthplace Kirkwood Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business.....

12. Name Oscar J. Mudd.

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

14. Maiden name Theresa Boschert.

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

16. (a) Informant Mrs. Hallie Mudd

(b) Address 5789 Waterman Ave.

17. (a) Burial. (b) Date thereof 12-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Rudelt Blvd

19. (a) DEC 3 1944 (b) J. F. Bredeck  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5789 Waterman Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd.  
year 1944 hour 11:30 minute 2 P. M.

21. I hereby certify that I attended the deceased from April 1, 1944 to Dec 2, 1944;  
that I last saw him alive on December 1, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Heart Failure

Due to Coronary occlusion 1 day

Due to Coronary spasm 1 day  
Hypertension 5 yrs

Other condition.....  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PH

Duration

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).....  
(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?.....

While at work?..... (Specify type of place)  
Means of injury Q

23. Signature J. F. Bredeck (M. D. or other) 3rd  
Address 4957 Maryland Date signed 12/5/44

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

MOTHER FATHER

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

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

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