

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAR 30 1946
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLEY MUDD
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura Mudd 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October 25, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 8 If less than one day hr. min.

9. Birthplace New Port Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER {
12. Name Thad Mudd
13. Birthplace Limestone County, Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Winnie Noble
15. Birthplace Limestone County, Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys St. Pigg
(b) Address 1509 So. 20th Street

17. (a) Removal (b) Date thereof 3-8-46
(Specify burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Douglas Cemetery

18. (a) Signature of funeral director C. J. Nash
(b) Address 111 North 13th St. E. St. L.

19. (a) MAR 8 1946 (b) J. M. Mudd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 South 20th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Feb 20 1946 to March 5 1946
that I last saw him alive on March 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia Duration

Due to 108

Due to pleural effusion

Other conditions pleural effusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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) (c) Means of injury

23. Signature E. F. Alsdorf (M. D. or other) M. P.
Address 930 N. 2nd Date signed 3/7/46

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.....

James A. Nygett, Registered Apprentice No. *395*
working under my personal supervision.

Signed *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *111 N. 13th*

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.