

Registration District No. **318** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital—Max C. Starkloff Memorial  
(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 000

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

(d) Street No. 5225 Chippewa Ave.  
Memorial  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** PAUL MUTZU

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-01-7720

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cornelia Mutzu

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. 1, 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
66	2	15	hr. _____ min. _____

9. Birthplace Temesuar, Romania  
(City, town, or county) (State or foreign country)

10. Usual occupation Celestrian

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Pasku Mutzu

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

14. Maiden name Johanna Alexiu

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

16. (a) Informant Cornelia Mutzu

(b) Address 5225 Chippewa Ave.

17. (a) Burial (b) Date thereof 4/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director CHULICK UND. CO. INC

(b) Address 1722 S. Jefferson Ave.

19. (a) APR 19 1946 (b) J. J. Beck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 16th  
 year 1946 hour 12:40 minute A M.

21. I hereby certify that I attended the deceased from 4/10/46  
 19\_\_\_\_ to 4/16/46 19\_\_\_\_

that I last saw h. im alive on 4/16/46 19\_\_\_\_  
 and that death occurred on the day and hour stated above.

Immediate cause of death Memia

Due to bedulment of blood by water by cerebral metastasis from return of the water

Due to metastasis from return of the water

Other conditions Ab  
(Include pregnancy within 3 months of death)

Major findings: Obstruction of water

"Of operations" None

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) \_\_\_\_\_

(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) (e) Means of injury \_\_\_\_\_

23. Signature John Thomas (M. D. or other) \_\_\_\_\_  
St. Louis City Hosp Date signed \_\_\_\_\_

4-16-46

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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.....

*Rex E. Campbell*

Licensed Embalmer No.....

*5381*

P. O. Address.....

*St Louis, Mo*

**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.**