

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28367  
State File No. \_\_\_\_\_  
Registrar's No. **7060**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>200</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>12 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>De Paul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>17 3959 Botanical</b>	

3. NAME OF DECEASED (Type or Print) <b>Henrietta Mudd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 12, 1949</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 24, 1860</b>	9. AGE (In years last birthday) <b>89</b>	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
					Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Millwood Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Steve Mattingly</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Mudd</b>	14. NAME OF HUSBAND OR WIFE <b>Augustine P. Mudd</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary C. Monrotus</b>	ADDRESS <b>3959 Botanical</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Legume leg. Bil Amputation</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) -	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>97</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4371</b>
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22. I hereby certify that I attended the deceased from **2/19**, 19**49**, to **8/12**, 19**49**, that I last saw the deceased alive on **8/12**, 19**49**, and that death occurred at **12:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hayden M. De</b>	23b. ADDRESS <b>5899 Delmar</b>	23c. DATE SIGNED <b>8/21/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 15, 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Alphonsus</b>	24d. LOCATION (City, town, or county) (State) <b>Millwood Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 14 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Rosater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullen Kelly</b>	ADDRESS <b>4386 Lindell Blvd</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*James A. Lammers*

Licensed Embalmer No.

*401421*

P. O. Address

*St. Louis*

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.