

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32575

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2180	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Lemay		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Lemay 23		d. STREET ADDRESS (If rural, give location) 805 Zeiss	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's 805 Zeiss				d. STREET ADDRESS (If rural, give location) 805 Zeiss			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) William		c. (Last) Mudd		4. DATE OF DEATH (Month) (Day) (Year) Sep. 10 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 29, 1863	
9. AGE (In years last birthday) 86		10. MONTHS 8		11. DAYS 11		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Leo Mudd		13b. MOTHER'S MAIDEN NAME Mary Horrell		14. NAME OF HUSBAND OR WIFE Mary L. Mudd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary L. Mudd, 805 Zeiss			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio vasculer heart disease DUE TO (c) old age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH only 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1946 , to sep 10 , 19 49 , that I last saw the deceased alive on sep 10 , 19 49 , and that death occurred at 4:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE A. W. Peters M.D.				23b. ADDRESS 4145 S Grand		23c. DATE SIGNED sep 11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/12/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
DATE REC'D BY LOCAL REG. 9-13-49		REGISTRAR'S SIGNATURE Hebert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan			

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

HE-86

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.

Student
Student Embalmer

Signed Wm. Seymour

Licensed Embalmer No. 4343

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.