

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42805

State File No. 10542

No. 300

10.48

#106048

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) STAY (in this place) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 23- 2018 Gravois Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) C. c. (Last) MUTZ		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5th, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28 1885
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY Sheet Metal	11. BIRTHPLACE (State or foreign country) St Louis Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Mutz		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lily Mutz 2018 Gravois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lily Mutz-2018 Gravois
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Upper L. I. bleeding and pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possibly embolism and cerebral vessel 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 1000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H621
22. I hereby certify that I attended the deceased from 12/3/49, 19, to 12/5/49, 19, that I last saw the deceased alive on 12/5/49, 19, and that death occurred at 8:55 PM., from the causes and on the date stated above.			
23a. SIGNATURE W. M. Turner M.D.		23b. ADDRESS (Degree or title) 1515 Lafayette Ave.,	23c. DATE SIGNED 12/6/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-8-49	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. DEC 7 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Sasater Moydell Und. Co. 1926 Allen Av.	

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Dale Strueman

Licensed Embalmer No. 2772

P. O. Address 1926 Allen

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.