

STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1950

State File No. 29046

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1890

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) Ellisville Mo.		c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD 4524	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 7559 Alicia Ave. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) E		c. (Last) MUDD		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1950		
---	--	----------------------	--	-----------------------	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 7 1870	9. AGE (In years last birthday) 80	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
-----------------	---------------------------	--	--	---	------------	----------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Millwood Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME Henry Mudd		13b. MOTHER'S MAIDEN NAME Elizabeth O'Brien		14. NAME OF HUSBAND OR WIFE Elizabeth			
---	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Mudd 7559 Alicia Ave			
---	--	--	--	--	--	--	--

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) Cerebral Anoxia						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) Atherosclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						33IX	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33IX				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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **April 1950**, to **August 1950**, that I last saw the deceased alive on **Aug 4, 1950**, and that death occurred at **10 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest Jones		(Degree or title) MD		23b. ADDRESS Creve Coeur Mo.		23c. DATE SIGNED 8/5/50	
---------------------------------------	--	-----------------------------	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/50		24c. NAME OF CEMETERY, OR CREMATORY St. Alponsus Cemetery		24d. LOCATION (City, town, or county) (State) Millwood Mo.	
--	--	----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 8-7-50		REGISTRAR'S SIGNATURE Herbert R. Domb MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849 N. Euclid			
---	--	--	--	---	--	--	--

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Robert L. Brinkman*

Licensed Embalmer No. 3653

P. O. Address.....

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.