

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4430

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

File No. 1062

Township St. Louis, Mo

Primary Registration District No. 1062

Registered No. 1062

City St. Louis, Mo

(In St. Louis Children Hosp)

St. Ward

2. FULL NAME

Herman Muddendorff

(a) Residence No. 3992 Wesley St. 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Lifers. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-5-1927

7. AGE YEARS 1 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min. 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Muddendorff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co.
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Lola Owens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Metropolis
(STATE OR COUNTRY) Illinois

14. INFORMANT Ann B. Case
(Address) John Muddendorff 3992 Wesley

15. FILED 28 Wesley St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-20 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/9, 1929, to 1-20, 1929 that I last saw him alive on 1/20, 1929, and that death occurred, on the date stated above, at 4:03 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (non-fle)
Rhino-pharyngitis (non-diphtheritic)
Primary

(duration) yrs. mos. 25 da.
CONTRIBUTORY Pneumonia
(SECONDARY) (duration) yrs. mos. 18 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Phys exam - X-Ray
(Signed) George J. Little, M. D.
, 19 (Address) St. Louis Children Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Danversville Mo DATE OF BURIAL Jan 23 1928

22. UNDERTAKER Widemuller and ADDRESS 6203 Travis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

