MAY 7 1937

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

Do not use this space.

14756

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4252

City ST. LOUIS MO (No. En Route City Hospital St. ..... Ward)

2. FULL NAME FRANK MUTTER. came to his death enroute to City Hospital #1.

(a) Residence, No. 1847 A. MADISON. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 26 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 15 = 1876

7. AGE: YEARS 61 MONTHS 2 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHEF

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OLDANI CAFE.

10. Date deceased last worked at this occupation (month and year) APR 22 = 1937.

11. Total time (years) spent in this occupation 45 YR.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

FATHER

13. NAME DONT, KNOW

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

MOTHER

15. MAIDEN NAME CAROLINA WALKER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND.

17. INFORMANT (ADDRESS) Margert Mutter 1847 - Madison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. OLIVE CEMETERY DATE APR 26TH 1937

19. UNDERTAKER (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR

20. FILED ..... 19 ..... J F Bredeck Registrar.

APR 24 1937

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/ 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Haemorrhage due to lacerated aorta and lacerated lungs from a crushed chest, as a result of being struck by a Graham Paige Sedan, driven by one Herman Wenck, in front of about 1833 N. 19th St. about 7:45 p. m., April 22nd, 1937.

Other contributory causes of importance: ACCIDENT.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/22, 1937

Where did injury occur? St Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury .....

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Tuzun, M.D.

(Address) Deputy Coronor

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.

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