

OCT 4 1937

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

32313
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis Mo.** (d) Street No. **Childrens Hosp.** Registered No. **8367**
(e) Length of residence in city or town where death occurred **8** yrs. **1** mos. **16** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Paul David Mudge.**

(a) Residence, No. **4398b Chouteau Ave.** St. **18**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 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) **July 17 1929**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mins.
8 **1** **16**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **In School**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Walter H. Mudge**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

MOTHER 15. MAIDEN NAME **LuEva Reeds**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Walter H. Mudge**
(ADDRESS) **4398b Chouteau Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **9/6/37**

19. FUNERAL DIRECTOR **Edith E. Emburster**
(ADDRESS) **4234 Manchester Ave.**

20. FILE **SEP 6 1937** **J. Predeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 3 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 **9:05 P.M.**

The principal cause of death and related causes of importance were as follows: **Haemorrhage due to basal fracture of skull, as a result of having run in front of and being struck by a Buick Coach, operated by one Lonnie Bylaw, Col., about two o'clock P.M., Sept. 3, 1937, about 50 feet north of Gibson Avenue and Newstead Ave. Accident.**

Other contributory causes of importance:
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 **9/3 1937**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **public place**
Manner of injury **see above**
Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Alfred Perry M.D.**
(Signed) **Alfred Perry**
(Address) **Deputy Coroner**

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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