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

Do not use this space.

1929

12128

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Carondelet — Primary Registration District No. 6248 — Registered No. 57
City Kirkwood (No. Bethesda Hosp. St. Ward)

2. FULL NAME Magdalena Studt
(a) Residence. No. 879 Greeley St., Ward. Webster Groves
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 11 ds. How long in U.S., if of foreign birth? 44 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Hans Studt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 17 - 1844

7. AGE: Years 84 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

10

PARENTS
10. NAME OF FATHER: (Unknown) Lohse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

10

10

14. INFORMANT: Ho Studt Per c c at Home
(Address) 879 Greeley

15. FILED 4/10 1929 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1929

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 22, 1929 that I last saw her alive on March 22, 1929, and that death occurred, on the date stated above, at 8.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardiac Dilatation & failure

98B
95B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Gangrene of lower rt leg & left foot

(duration) ..... yrs. ..... mos. 4 ds.

1516

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings & Symptoms
(Signed) W. F. O'Malley, M.D.
, 19 (Address) Webster Groves Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter's — DATE OF BURIAL: Mar 25 1929

20. UNDERTAKER: Parker Mud Co — ADDRESS: Webster Groves

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.