

DEC'D NOV 16 1938

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

34346

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** (d) Street No. **CITY HOSPITAL** Registered No. **9332**
(e) Length of residence in city or town where death occurred **58** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **CHARLES F. STUDT**

(a) Residence, No. **4417 ST. LOUIS AVE.** St. **10**
(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 **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 3, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **MOULDER**
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) **OCT. 21, 38**
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**

FATHER 13. NAME **ROMAN STUDT**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **LOUISA FREISMUTH**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **Carrie Studt
4417 St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **NEW PICKER CEM.** DATE **10/29/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **OSCAR J. HOFFMEISTER
4016 Chippewa St.**20. FILED **OCT 27 1938** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-26-1938**

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Remain in hospital
Date of onset

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?..... Date of injury _____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... **70**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) *Joseph M. [unclear]*
(Address) *Beyleys Corner*

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Edward H. Leisinger

Licensed Embalmer No. _____

14049

P. O. Address _____

4016 Chippewa

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, above space should be left blank.