

N 16
No. 2
1-10-39
17-39
X21492

1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3699

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 115

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Creve Coeur, Mo.
(c) Name of hospital or institution:
Olive, St. Rd.
(d) Length of stay: One Week
In this community One Week

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 2131 Yale
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Margaretha Studt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Studt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 26 1863

8. AGE: Years 76 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.

10. Usual occupation House wife (Retired)

11. Industry or business 0

MOTHER FATHER { 12. Name Gotfried Reichenbacher
13. Birthplace Germany
14. Maiden name Mary Greple
15. Birthplace Germany

16. (a) Informant Jake Studt
(b) Address Creve Coeur Mo

17. (a) Burial (b) Date thereof 1/17/40

(c) Place: burial or cremation St. John Cem

18. (a) Signature of funeral director Bainman Box
(b) Address 2501 Woodbury Rd. Overland Park

19. (a) JAN 16 1940 (b) E. R. Meyer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1/11/40 to 1/15/40
that I last saw her alive on 1/14/40 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Dilatation Acute myocardial infarction
Due to myocardial infarction
Due to gastric carcinoma

Other conditions: 461

Major findings: Of operations no operation
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____

23. Signature B. S. Bainman (M. D. or other) _____
Address Creve Coeur Mo Date signed 1/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Oscar F. Mueller

Licensed Embalmer No.

3034

P. O. Address

*2504 Woodson Rd
Dwight*

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.