S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

Registration District No. 2[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26202

Primary Registration District No. 3063

Registrar's No. 1606

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Jennings 0 (If outside city or town limits, write "RURAL")

(d) Street No. 2212-Leslie Avenue (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Frederick A. Studt

3. (b) If veteran, name war None

3. (c) Social Security No. 496-18-8812

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced / M

6. (b) Name of husband or wife Cornelia

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Mar (Month) 17 (Day) 1876 (Year)

8. AGE: Years 67 Months 3 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Creve Coeur (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Buck-X-Ograph Corp.

FATHER
12. Name Jacob Studt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Rosina Roeder
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Cornelia Studt

(b) Address 2212-Leslie Ave-Jennings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Ev Cemetery

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504-Woodson Rd-Overland

19. (a) JUL 15 1943 (Date received local registrar) (b) D. McFarren MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1943 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5-28-43, 19..., to 7-11-43, 19...; that I last saw him alive on 7-11-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Biedermann (M. D. or other) MD

Address St. Louis Co. Hosp. Clayton, Mo. Date signed 7-12-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3039

P. O. Address Overland Mo

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, fact should be so stated above.