

FILED JUN 12 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1231

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 8, Box 471, Lemay, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. Route 8, Box 471
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISA L. STUDER

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife George Studer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 9th 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Oakville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Luther

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Goldbach

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Uthoff-daughter

(b) Address Route 8, Box 471, Lemay, Mo.

17. (a) Burial (b) Date thereof 6-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns' Cemetery, Mehlville, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JUN 5 - 1944 (b) E. G. Mc Saven, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1944 to June 1, 1944
that I last saw him alive on May 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day
Due to Hypertension
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
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? Mehlville, Mo.

(e) While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. G. Mc Saven (M. D. or other) _____

Address 6814 Saven Date signed June 7

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

MOTHER FATHER

11944

6811A GRAVOLA, - 21. 0034.
Hours--9-10 A.M.
2-3P.M.
7-8 P.M.

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.....

Linus C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Linus C. Hoffmeister*.....

Licensed Embalmer No. *5871*.....

P. O. Address *7814 S. Broadway*.....

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.