No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33068

Registrar's No. 9267

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4032 Labadie Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4032 Labadie Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARETHA STUDT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Studt

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

7. Birth date of deceased September (Month) 6 (Day) 1853 (Year)

8. AGE: Years 94 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Conrad Bill

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

14. Maiden name Unknown

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

16. (a) Informant William J. Studt

(b) Address 3910 Sullivan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kraeger-Viss, Inc.

(b) Address 3402 No. Kingshighway

19. (a) OCT 6 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th year 1947 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 12 1945 to October 4th 1947 that I last saw he alive on October 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	24 hrs
Due to Chronic Myocarditis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	
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 Peter O'McElwain (M. D. or other) MD

Address 4356 Marne av Date signed 10/6/47

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.