

005

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

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3069 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>49 TOWN Richmond Heights 17, Mo. 4495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7548 Warner Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>7548 Warner Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Studer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow Fred. A. Studer</u>	8. DATE OF BIRTH <u>Abt. Oct. 12, 1881</u>
9. AGE (In years last birthday) <u>Abt. 69</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Cable, Wisconsin</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>North</u>	
13b. MOTHER'S MAIDEN NAME <u> </u>		14. NAME OF HUSBAND OR WIFE <u>Frederick A. Studer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>N. R. Mendenhall, 7548 Warner Ave.</u>		ADDRESS <u> </u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second) <u> </u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>Jan. 7, 1951</u> , to <u>1/18/51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Jan. 14, 1951</u> , and that death occurred at <u>4:00 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry C. Westerman</u>		23b. ADDRESS <u>M. D. 2136 E. Grand Blvd.</u>	
23c. DATE SIGNED <u>1/19/51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>Chillicothe, Ohio</u>		23f. DATE REC'D BY LOCAL REG. <u>1/19/51</u>	
23g. REGISTRAR'S SIGNATURE <u>Herbert R. Kombe MD</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u> </u>	
23i. ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>		23j. ADDRESS <u> </u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Roland O. Yahnke

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

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.