

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

BIRTH MONTH AND DAY 09 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 1-DAY		d. STREET ADDRESS (If rural, give location) 5931 THEKLA AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) IRVIN b. (Middle) Fred c. (Last) STUDD	4. DATE OF DEATH (Month) (Day) (Year) 1-30-1952
5. SEX MALE	6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 6-19-14
9. AGE (In years last birthday) 37	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAULER-PART TIME
11. BIRTHPLACE (State or foreign country) CREVE COUER, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
10b. KIND OF BUSINESS OR INDUSTRY self	

13a. FATHER'S NAME FRED STUDD	13b. MOTHER'S MAIDEN NAME CORNELIA LAUER	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) YES WW II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.

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) DIABETIC COMA  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIABETES MILLITUS  DUE TO (c) HEPATOMEGALY-CAUSE UNDETERMINED  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  J. BOX		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30-1952, to 1-30-1952, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE Joseph T. Kaminskas (Degree or title) M. D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS MO.	23c. DATE SIGNED 1-31-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-1952	24c. NAME OF CEMETERY OR CREMATORY Ft. Johns Ev. Cemetery
		24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo.

DATE REC'D BY LOCAL REG. 2-1-52	REGISTRAR'S SIGNATURE Herbert R. Donhe, MD	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS BAULAN BROTHERS Inc. Overland-14-Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Me

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.