

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2179 JAN 4 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **1421 Montclair**) St. Ward)

44946
File No. **12098**
Registered No.

2. FULL NAME

Hirsch, Studer
(a) Residence, No. **1421 Montclair** St. **6** Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Abt. 55

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Eggs & poultry**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **dealer**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

MOTHER FATHER 13. NAME **Samuel Studer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

MOTHER 15. MAIDEN NAME **Bessie King**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT (ADDRESS) **Simon Studer & 702 Eastgate**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Grave Amona** DATE **12/23** 1935

19. UNDERTAKER (ADDRESS) **H. O. Berger 4715 W. Cherokee**

20. FILED **J. H. Gredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 21 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **4:20 P.M.**

The principal cause of death and related causes of importance were as follows: **Ch. myocarditis congestiva of lungs, chronic interstitial nephritis, carcinoma of liver**

Other contributory causes of importance: **None**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **John P. Cheney**, M.D.
(Address) **St. Louis, Missouri**

12/27/34

