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.

FEB 16 1938

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

4142
Do not use this space.

96

1. PLACE OF DEATH
(a) County St. Louis 96 Registration District No. 96
(b) Township Bonhomme Primary Registration District No. Registered No. 72
(c) City ~~Fern Ridge~~ (d) Street No. FERN RIDGE OLIVE ST. RD. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Studt 30
(a) Residence, No. Olive St. Road St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Studt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18-1863
7. AGE: YEARS 74 MONTHS 1 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Household
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): retired
11. Total time (years) spent in this occupation: xxxx

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chesterfield, Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Rosa Koch, Creve Coeur, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Ev Cem DATE 1-13-37, 19
19. FUNERAL DIRECTOR (ADDRESS): Baumann Bros. Inc. 2504 Woodson Rd - Overland, Mo.
20. FILED 1-11, 1938 Theodore B. Meyer M.D., Dr. P.H. Deputy State Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from 10/20/36, 19, to 1/10/38, 19
I last saw her alive on Jan 10th, 1938. Death is said to have occurred on the date stated above, at 2:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of Heart	1/8/38
Inanition	1/1/37

93C

Other contributory causes of importance:

Myocardial degeneration	1 yr
Senility	
Hypostatic Pneumonia	1/8/38

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

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? no
If so, specify
(Signed) B. G. Hammesser, M. D.
(Address) Creve Coeur Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Oscar F. Mueller, Licensed Embalmer No. 3039

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3039 or by, Registered Apprentice No.

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)