

No. 2  
4-13-40  
-17-39  
I X23152

State File No. ....

FILED APR 9 1941 784

Registration District No. ....

Primary Registration District No. 117

Registrar's No. 504

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
#18 Armin Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL.")  
(d) Street No. #18 Armin Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? D years.

3. (a) PRINT FULLNAME Lilian H. Studer

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence R Studer 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 25th 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 11 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Unknown Herschman

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

14. Maiden name Lottie Levin

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

16. (a) Informant Clarence R Studer

(b) Address #18 Armin Place

17. (a) Cremation (b) Date thereof 3/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rs at Concordia Lane

19. (a) MAP 6 1941 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3<sup>rd</sup> day 3<sup>rd</sup>  
year 1941 hour 9.35 minute 9 P. M.

21. I hereby certify that I attended the deceased from March 1934 to 3-3<sup>rd</sup> 1941  
that I last saw her alive on 3-1-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Lethargic encephalitis  
Duration 9 yrs.

Due to.....  
Due to.....

Other conditions Pericious Anemia 8 yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None 37c  
Of autopsy none

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?

While at work?..... (Specify type of place)  
(c) Means of injury.....

23. Signature Alexander J. Kothis (M. D. or other) D  
Address 462 N. Taylor Date signed 3/4/41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Robert J. Calhoun*

Licensed Embalmer No. 1991

P. O. Address Clayton Mo

**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.**