

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

22251

FILED JUL 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5783**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2811 N. 11th St.
(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 _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2811 N. 11th St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth Viola Student.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**
year **1946** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

4. Sex **Female** **5. Color of race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frank Jacob Student**

6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **October 4 1919**
(Month) (Day) (Year)

that I last saw h_____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Subdural hemorrhage of brain when she was struck with the fist of an Frank Jacob Student in the home at 2811 N. 11th Street around 6:30 A.M. July 29 1946**

Duration _____

8. AGE:

Years	Months	Days	If less than one day
26	8	25	hr. _____ min. _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **166**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **George W. Conner**

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

14. Maiden name **Evelyn Carney**

15. Birthplace **Evansville, Indiana**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mr. George W. Conner**

(b) Address **2738 Hickory St.**

17. (a) Burial (b) Date thereof **7-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **3320 N. Kingshighway Blvd.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **June 29 1946 (1946)**

(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?
Private Home

While at work? _____ (Specify type of place) _____
(If means of injury) **Car**

19. (a) JUL 1 1946 **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Walter Perry** (M.D. or other) _____
Walter Perry Date signed **7/1/46**

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

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..... *Fred Frick*

Licensed Embalmer No..... **3186**

P. O. Address..... **St. Louis, 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.