No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11585
Registrar's No. 3573

Registration District No. 318 Primary Registration District No. 1003

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: MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2836 PARK AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Study, William Clayton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MILLIE J. STUDY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE 23 (Month) (Day) 1882 (Year)

8. AGE: Years 64 Months 9 Days 10 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation ENGINEER
11. Industry or business R. R. Mo. PACIFIC
12. Name WILLIAM STUDY (FATHER)
13. Birthplace PENN. (City, town, or county) (State or foreign country)
14. Maiden name JANE WILSON (MOTHER)
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs. Millie J. Study
(b) Address 2836 Park Av.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 5-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director E. J. Schmuck
(b) Address 3125 Lafayette Av.
19. (a) APR 3 1947 (Date received local registrar) (b) J. F. Bucek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1947 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from March 14, 1947, to April 2, 1947 that I last saw him alive on April 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Coronary Thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Asthma — Diabetes Mellitus	

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Vincent A. Sherrod (M. D.)
Address MO. Pac. Hosp. Date signed 4-2-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave 4.

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.