

FILED JUL 21 1947

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community Lifetime  
years, months or days)

3. (a) PRINT FULL NAME

Sophia Studenroth

3. (b) If veteran, name war None

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 Fred Studenroth

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 13 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 26  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Frederick Schmitt

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

14. Maiden name Unknown

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

16. (a) Informant Fred Studenroth

(b) Address 2307 S. 11th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kalter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) July 15, 1947 (b) La. G. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2307 So. 11th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th  
year 1947 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 4-47  
to July 9th, 1947.  
that I last saw her alive on July 9, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Congestive heart failure  
Duration 24 hrs.  
72 hrs.

Due to Inoperable Carcinoma 1 yr.

Due to General abdominal origin adenocarcinoma

Other conditions RT ovary  
(Include pregnancy within 3 months of death)

Major findings: General abdominal Carcinoma  
Of operations General abdominal Carcinoma  
Of autopsy 499

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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature H. S. Laird (M. D. certifier)  
Address St. Joseph, Mo. Date signed 7-9-47

306 7 1948

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.....

*George Windermuehle*

Registered Apprentice No. *508*

working under my personal supervision.

Signed *Albert C Harrington*

Licensed Embalmer No. *3258* Missouri

P. O. Address.....*St. Joseph, 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.