S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947
#60745

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33067

Registrar's No. 8720

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 Aoo

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3817 Washington Blvd. 9
(If rural, give location)

Memorial 19 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry H. Studdard

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Maybelle Studdard

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

7. Birth date of deceased February (Month) 9 (Day) 1872 (Year)

8. AGE: Years 75 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Sullivan (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Basie Pruitt
15. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Walter Coxey
(b) Address 3817 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1947 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from 8/25/47, 19, to Sept. 15th 1947; that I last saw him alive on Sept. 15th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, acute, cirrhosis, type undetermined

Due to

Due to

Other conditions Jejunitis, type undetermined
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autops cirrhotic liver without obstruction to Biliary ducts

Duration

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

23. Signature A. P. Dalton M.D. (M.D. or other)

Address 1515 Lafayette Date signed 9/15/47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.