

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18596

State File No. ....

FILED JUN 16 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **4945**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b> <b>2149</b>	
c. LENGTH OF STAY (in this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>4037 Labadie Avenue, 7,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4037 Labadie Avenue, 7,</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>G.</b> c. (Last) <b>Studt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 27th, 1952.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 26th, 1886</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Maintenance Eng.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jacob Studt</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaretha Bill</b>		14. NAME OF HUSBAND OR WIFE <b>Late Katherine Studt nee Steff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Studt Hebron, 4051 Labadie Ave., 7,</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  ANTECEDENT CAUSES DUE TO (b) <b>Virus Pneumonia</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>492X</b>	
22. I hereby certify that I attended the deceased from <b>May 25</b> , 19 <b>52</b> , to <b>May 27</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>May 26</b> , 19 <b>52</b> , and that death occurred at <b>8:45 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Carl Smith M.D.</b>		23b. ADDRESS <b>4356 Warne Avenue (7)</b>	
23c. DATE SIGNED <b>5-29-52</b>		23d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal, 4</b>		24b. DATE <b>5/31/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Saint Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	

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

Hours, 1:00 P. M. to 5:00 P. M.  
DAILY except Wednesdays

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph E. Linders

Licensed Embalmer No. 4275

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.