

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**PLACE OF DEATH**  
County \_\_\_\_\_  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City St. Louis (NO. 1963 Belington Ave. 27 Ward)

**Registration District No.** 7911  
**Primary Registration District No.** 1003

**FULL NAME** Edward Fred Ludwig

**File No.** 39923  
**Registered No.** 9806

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Male **COLOR OR RACE** White **SINGLE MARRIED WIDOWED OR DIVORCED** (Write the word) Married

**DATE OF BIRTH** Dec 5<sup>th</sup> 1874  
(Month) (Day) (Year)

**AGE** 36 yrs. — mos. 8 ds. **IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?**

**OCCUPATION**  
(a) Trade, profession, or particular kind of work Electrician  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**BIRTHPLACE**  
(City or town, State or foreign country) Baltimore Md.

**PARENTS**

**NAME OF FATHER** Oscar F. Ludwig  
**BIRTHPLACE OF FATHER** (City or town, State or foreign country) Germany

**MAIDEN NAME OF MOTHER** Elizabeth Lahmann  
**BIRTHPLACE OF MOTHER** (City or town, State or foreign country) Baltimore Md.

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) Oscar Ludwig  
(ADDRESS) 1963 Belington Ave.

Filed DEC 12 1916 Wheeler Bond  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** December- 13<sup>th</sup> 1916  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from December- 12-, 1916, to Dec. 13-, 1916, that I last saw him alive on Dec. 13-, 1916, and that death occurred, on the date stated above, at 7<sup>30</sup> a.m.

The CAUSE OF DEATH\* was as follows:

Dr. J. P. Gop-ley  
24 hours. (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

**Contributory** Over Knout  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) John A. Lutz M. D.  
Dec. 13 1916 (Address) 2523 Union Ave.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

**LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted  
If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

**PLACE OF BURIAL OR REMOVAL** New Pickers **DATE OF BURIAL** Dec 15<sup>th</sup> 1916

**UNDERTAKER** H. Hon L & W Co. **ADDRESS** 7826 N. Grand

Ass.

# United States Standard Certificate of Death

Issued by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative health of various pursuits can be known. The questions to each and every person, irrespective of how many occupations a single word or term on this line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Man*, (b) *Automobile factory*. The material on this line may form part of the second statement. For persons who return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *Child* or *At home*. Care should be taken to specify the nature of the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, state the date of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid infection"); *Lobar pneumonia*; *Bronchopneumonia* ("Bronchopneumonia," unqualified, is indefinite); *Tuberculosis of the meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

