9 1928

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

Do not use this space.

4542

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township St. John's — Primary Registration District No. ~~[illegible]~~ — Registered No. 12

City [illegible] (No. 5414 St. Ward)

2. FULL NAME Louise Ludewig

(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wigand Ludewig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	10	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin County (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry John Bueker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Marie Rasfeld

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT Joe Ludewig (Address) Krakow Mo.

15. Filed Feb 21, 1928 O. L. Mund REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1928, to Feb. 19, 1928, that I last saw her alive on Feb. 18, 1928, and that death occurred, on the date stated above, at 2 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

118

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 118

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Maupin, M. D

, 19 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Catholic Cemetery, Krakow, Mo	2/23/28 19

20. UNDERTAKER	ADDRESS
Otto & Co. by W.H.O.	Washington Mo.

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.