

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

Do not use this space.

19259

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 11003
City St. Louis, Mo. (No. Lutheran Hospital) St. Ward.....

File No.
Registered No. 5690 St. Ward.....

2. FULL NAME

William L. Ludwig
(a) Residence. No. 2600 Tennessee St. 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 5-1864</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>2</u>	DAYS <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Watch Maker</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Gustave Ludwig</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Christine Stahl</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)

14. INFORMANT Sophia Ludwig
(Address) 2600 Tennessee

15. FILED MAY 26 1928 May C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23- 1928
17. I HEREBY CERTIFY That I attended deceased from Apr 21 1928 to May 23 1928 that I last saw live on May 25 1928, and that death occurred, on the date stated above, at 131 8219 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy cerebral
Hemorrhage
131 8219 (duration) yrs. mos. da.
CONTRIBUTORY Chronic nephritis
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED AT PLACE OF DEATH. 2600 Tennessee

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Typical Examination
(Signed) D. J. Dedover, M. D.
5/28, 1928 (Address) 3115 So. Grand

*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 Mo. Crematory DATE OF BURIAL May 26 1928

20. UNDERTAKER Zigonheim Bros. 2623 Cherokee St.

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.

