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

Do not use this space.

37100

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4750

City Kansas City (No. 1720 East 8th St. St. Ward)

2. FULL NAME Laura Lulu Ludemann

(a) Residence. No. 1720 East 8th St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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 Henry H. Ludemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	40	5	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Michael Deschbein

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

12. MAIDEN NAME OF MOTHER Tresa Breamener

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

14. INFORMANT H. H. Ludemann
(Address) 1720 East 8th St.

15. FILED 11/26, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1928, to November 23, 1928, that I last saw her alive on November 23, 1928, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Vegetative endo carditis

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Tumor of fingers

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 29/28

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Edward L. Stewart, M.D.

11/24, 1928 (Address) 1115 Grand Ave. K.C. 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 Forest Hill — DATE OF BURIAL 11-26-1928

20. UNDERTAKER Kline & McClure — ADDRESS 3235 Gillham Plaza

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.

1115 Grand Ave

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. 4750

City..... (No. 1120 E 8th St St. ..... Ward)

2. FULL NAME Laura Lulu Ludeman

(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 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)

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 11/26, 19 28 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Thrombosis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Vegetative Endocarditis
(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Finger Amputation
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-28-28
WAS THERE AN AUTOPSY? No - Not Consented to
WHAT TEST CONFIRMED DIAGNOSIS? See back of report
(Signed) Edw. L. Stewart, M. D
, 19 (Address) 1115 Grand ave, R.C. 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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-37100

Jan 24, 1929.

Mrs Ludwigson was apparently in good health until one da
while trying to extinguish a cigarette by mashing the stub in an ad
tray a match was accidently lighted and burned the end of her fing
It was a big match - not a safety, and it burned the finger quite se
that started the trouble. I took a match of the same kind and w
the end and observed it in a dark room thinking that there m
be phosphorous in it, but I got no light from it, so concluded there was
after the burn the patient put some common dressing on it, I d
remember what it was - she tried several things but it kept getti
worse. The pain was unindurable and seemed out of all propo
to the size of the lesion. After about one week of trying to do something
herself she came to me. I did not think it amounted to much but
soon found out it was worse than it looked and after several attem
followed by failures I took her out to Research Hosp (K.C. Mo) an
called Dr. Ernest Robinson in to see her. He was sure it amou
to but little - being misled the same as was I. After several futile
attempts to do something for the finger and seeing it grow worse h
decided to amputate. I believe he then became suspicious th
case was an obliterative endarteritis and removed it high
up. It seemed that the finger was doing pretty well when symp
of endocarditis developed. Later cerebral embolism followed an
the patient died. Her condition was "below par", very pale, she h
doubtlessly led a pretty fast life. I feel that this was a contributi
factor - though I believe the injury to the finger precipitated the
trouble that eventually caused her death. The finger had he
over at the time of death.

Pardon the extensive report but the case was one of
unusual interest

Sincerely
E. L. Stewart.