v. 8490

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

Do not use this space.

File No. 13252

Registered No. 3814

1. PLACE OF DEATH

County ..... Registration District No. 797

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4060 Lafayette ave St. ..... Ward)

2. FULL NAME Mark E. Ludwick Jr.

(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dentist
(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) Michigan

PARENTS

10. NAME OF FATHER J. J. Ludwick

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

12. MAIDEN NAME OF MOTHER Dora - Betts

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

14. INFORMANT Min. Ludwick
(Address) 4060 - Lafayette ave

15. FILED MAR 20 1929 Wm C Starkloff Jr. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 27. 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 20, 1929, to Mch. 27, 1929, that I last saw h.... alive on Mch. 26, 1929, and that death occurred, on the date stated above, at 6.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights Disease 131
① 1336

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Hemiamia

(duration) — yrs. — mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? Don't know
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinary
(Signed) G. T. Willard, M. D
, 19 (Address) 1031 N. Jefferson St. Louis 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 Jefferson Barracks Mo — DATE OF BURIAL Mch 30 1929

20. UNDERTAKER Edw. F. Howard & Son — ADDRESS 4212 St. Louis 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.

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

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