

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

Do not use this space.

24547

1. PLACE OF DEATH

County..... Registration District No. 782
Township..... Primary Registration District No. 2000
City St. Louis (No. 5244 to 13) St. W Ward.

File No.
Registered No. 6682
St. Ward)

2. FULL NAME

(a) Residence, No. 5244 to 13 St. W Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17th 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 10 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International shoe

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

FATHER 13. NAME Frank Ludwig

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Burkley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Anthony Ludwig 4127 Wagner St

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Peter & Paul 7-22-33

19. UNDERTAKER (ADDRESS) Wacker Haldale 2331 10th St

20. FILED 21 5:32 May 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1932

22. I HEREBY CERTIFY That I attended deceased from April 25, 1932 to June 18, 1932. I last saw him alive on July 18, 1932. Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of base and orbital cavity
52
531
1524
Other contributory causes of importance: anemia

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify..... (Signed) C. P. King, M. D.

(Address) 416 1/2 10th St

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.

I, the undersigned, being a duly qualified
 physician, and having examined the
 above-named patient, do hereby certify
 that he is suffering from
 [illegible]

[illegible text, possibly a list of symptoms or medical history]

Witness my hand and seal this [illegible] day of [illegible] 19[illegible]

[illegible text, possibly a signature or name]

**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
Township
City St. Louis (No.)

Registration District No. 991
Primary Registration District No. 1003

File No.
Registered No. 6682
St. Ward

2. FULL NAME

Frank Ludwig

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Date of onset

Obituary report
Obit. at St. Casimir
Funerary seat Rose, Infirmary
Given order Phone by Dr. G. J. Kelly
Div. of V. S. 9-5-32

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

Other contributory causes of importance: meningitis

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Nature of injury

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

20. FILED 19..... Max C. Parker Registrar

If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS, and state 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.

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