FEB 27 1934

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

Do not use this space.

3321

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1005

Township ..... Primary Registration District No. 1003 Registered No. 1005

City St. Louis (No. City Hospital St. ..... Ward)

16108

2. FULL NAME Ludwig Lundin

(a) Residence, No. 3009 N. 9th St., 26 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 M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unk

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1858

7. AGE YEARS 75 MONTHS 4 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME ? "

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

17. INFORMANT (ADDRESS) Hosp Inf M Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U DATE 1-17 1934

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St

20. FILED 27 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1933 to 1/14 1934

I last saw him alive on 1/14 1934. Death is said to have occurred on the date stated above, at 4 15 m.

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

Date of onset

Fract. R. Hip
fall at home to floor
on
12-17-33

Other contributory causes of importance:
Exposure

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? Accident Date of injury 12/17 1933

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

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

Manner of injury Fall

Nature of injury Fract. R. Hip

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

If so, specify

(Signed) J. E. Foley, M. D.

(Address) City Hosp

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.