

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

Do not use this space.

**1. PLACE OF DEATH**

County Saline  
Township  
City Marshall (No. ....)

Registration District No. 796  
Primary Registration District No. 30-2

File No. 19137  
Registered No. 79  
St. .... Ward

**2. FULL NAME**

Ernest Herman Ludwig

(a) Residence, No. 580 S. Lyon St., Ward.

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 91 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
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) Herrnhuth Germany

MOTHER 13. NAME Carl Ludwig

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

15. MAIDEN NAME Johanna S. Kue

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

17. INFORMANT (ADDRESS) Miss Clara Ludwig Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hildy Park DATE May 28 1934

19. UNDERTAKER (ADDRESS) H. H. Campbell Marshall Mo.

20. FILED 5/28/34 Alfred J. Vogt Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to May 26, 1934.

I last saw him alive on May 24, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

myocarditis  
Had influenza May 15-34  
930  
113

Other contributory causes of importance:

Name of operation 930 Date of 113  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 1934

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? ✓  
If so, specify .....

(Signed) A. J. Coffman, M. D.  
(Address) Marshall 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.

JUN 26 1934

