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.

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

Do not use this space.

FEB 8 1937 91

File No. 4145

Registered No. 188

1. PLACE OF DEATH

County .....

Registration District No. .....

Township .....

Primary Registration District No. 108

City St. Louis, Mo. (No. Alexian Bros. Hospital / St. ..... Ward)

2. FULL NAME Mr. Edward Ludwig

(a) Residence, No. 2115 Chippewa St. St., 24 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. – mos. 11 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 Mrs. Sadie Ludwig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14th, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	–	1 ~~11~~	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Works 151

10. Date deceased last worked at this occupation (month and year) January 18, 1937

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton, Missouri

FATHER

13. NAME Herman Ludwig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Clara Gerhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 41

17. INFORMANT Mrs. Sadie Ludwig
(ADDRESS) 2115 Chippewa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE 1/28/37 19

19. UNDERTAKER Beiderwieden Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED JAN 27 1937 19 J. T. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Jan 25, 1937

I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Lobar Pneumonia 108

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Joseph L. Jones, M. D.

1/26/37 (Address) 4209 Laclede Ave

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