

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

Do not use this space.

**JUL 8 - 1937**

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 791

Township

Primary Registration District No. 1003

City

2641 Patomac Lutheran Hospital St.

File No. 22077

Registered No. 5829

**2. FULL NAME**

(a) Residence, No. 5501 Gresham St. aej Ward. 2

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 00 mos. 00 ds.

How long in U. S., if of foreign birth? 00 yrs. 00 mos. 00 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

Single

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

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

July 25 1871

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

65

10

17

OCCUPATION

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

Housework

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

Home

**10. Date deceased last worked at this occupation (month and year)**

July 1936

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

50

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

Germany

MOTHER FATHER

**13. NAME**

Andrew Ludwig

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

Germany

**15. MAIDEN NAME**

Johanna Bmbrick

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

Germany

**17. INFORMANT (ADDRESS)**

Theodore Ludwig  
5501 Gresham

**18. BURIAL, CREMATION, OR REMOVAL PLACE**

St Matthews DATE June 15 1937

**19. UNDERTAKER (ADDRESS)**

Henry L Weidmuller  
6203 Gresham

**20. FILED**

JUN 14 1937

St Brebeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

June 12<sup>th</sup> 1937

**22. I HEREBY CERTIFY That I attended deceased from**

January 8 1937, to June 12 1937

last saw her alive on June 12 1937. Death is said to have occurred on the date stated above, at 12:40 P. m.

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

Carcinoma of the Right lung Primary

Date of onset

1936

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

**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 No

(Signed) Henry P. Grault M. D.

(Address) 29057 Cherokee 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.

