

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.

OCT 26 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 6-33a
City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

35313

File No. _____
Registered No. 349

2. FULL NAME Adella Ludwig

(a) Residence, No. 8412 Tennessee Rear St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Wm. Ludwig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 69 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Mo. (STATE OR COUNTRY)

13. NAME Wm. Hartman

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

15. MAIDEN NAME Caroline Pillman

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

17. INFORMANT daughter, Edith Brockman (ADDRESS) 6322 Julian, Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gumbo Mo DATE Sept 25 1937

19. UNDERTAKER Geo. L. Pleitner Inc. (ADDRESS) 5946 Chestnut St.

20. FILED 9/24 1937 Dr. J. Signorilli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-37, 19

22. I HEREBY CERTIFY That I attended deceased from 9-13-37 to 9-22-37, 19

I last saw h. or alive on 9-22-37 Death is said to have occurred on the date stated above, at 11:10 P.M.

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

Carcinoma of Uterus Date of onset unknown

Other contributory causes of importance:

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? _____

If so, specify _____ (Signed) St. Louis M. D.

(Address) St. Louis County Hospital

