

REC'D JAN 11 1939

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

41473
Do not use this space.

1008

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City (d) Street No. *St. Lukes Hosp.* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *320 William Benjamin Ludwig Pocahontas, Mo.* St. *MO*
 (Usual place of abode, if no street address, write county or city) (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) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emma Sauerbren*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 15, 1878*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 13
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as 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) *near Pocahontas Missouri*
 FATHER
 13. NAME *Peter Ludwig*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 MOTHER
 15. MAIDEN NAME *Elizabeth Gratz*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*
 17. INFORMANT (ADDRESS) *Jasie Ludwig Pocahontas Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Pocahontas Mo 12-31-38*
 19. FUNERAL DIRECTOR (ADDRESS) *Reisenbichler & Co Pocahontas Mo*
 20. FILED *J. D. Budek Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 28 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *12-19 1938* to *12-28 1938*
 I last saw him alive on *12-28 1938*. Death is said to have occurred on the date stated above, at *7:55 A.M.*
 The principal cause of death and related causes of importance were as follows:
Tumor of Brain malignant? Metastatic Primary seat undetermined.
 Date of onset
 Other contributory causes of importance: *B3C*
 Name of operation *Radiol. excision of tumor* Date of *12-21-38*
 What test confirmed diagnosis? *Operation* 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? *No.*
 Also, specify _____ (Signed) *G. W. Stuey*, M. D.
 (Address) *St. Lukes 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)