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.

REC'D FEB 10 1939

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

953
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 953

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. Christian Hospital 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 390 Clara Ludwig

(a) Residence, No. 4150 Penrose Street St. 10
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Adolph Ludwig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 29, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
46	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Chicago, Illinois

FATHER
13. NAME: Geo. Essenmacher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER
15. MAIDEN NAME: Lillian Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT: Mrs. Lillian Willard
(ADDRESS) 4116 W Carter Ave

18. ~~BURIAL, CREMATION OR REMOVAL~~ Cremation
PLACE Valhalla Crem. DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (NAME): Kraeger-Voss-Fix
(ADDRESS) 3402 No. Kingshighway

20. FILED JAN 31 1939 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1938, to Jan 27 1939
I last saw h. alive on June 26 1939 Death is said to have occurred on the date stated above, at 2.45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	2 yrs
Carcinoma of the Uterus, Primary	
Carcinoma of the bladder, Urinary	
Other contributory causes of importance:	
Arteriosclerosis	5 yrs
Chronic Nephritis	

Name of operation Date of
What test confirmed diagnosis? autopsy 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
(Signed) Nicholas Klynn M. D.
(Address) 1105 Lafayette St

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.