

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

31911
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1919 Mulberry 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 53 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna M. Ludwig
 (a) Residence, No. 1919 Mulberry St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph D. Ludwig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1870

7. AGE
 YEARS 69 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Weston Missouri

13. NAME Jacob Engèl

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

15. MAIDEN NAME Ursula Lentz

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

17. INFORMANT (ADDRESS) Wilbur J. Ludwig 1919 Mulberry St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) Memorial Park Cem St. Joseph, Mo. Sept. 20 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 9-19 1939 [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/8 1939, to 9/17 1939.
 I last saw her alive on 9/14 1939. Death is said to have occurred on the date stated above, at 12:10 PM.
 The principal cause of death and related causes of importance were as follows:

Anaemia Pernicious
 Date of onset 7/12
 Other contributory causes of importance: Unknown

Name of operation 0 Date of 0
 What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 9/17, 1939
 Where did injury occur? At Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify 0
 (Signed) [Signature] M. D.
 (Address) [Signature]

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.

1 X18925

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..... *Robert P. Carlson*.....

Licensed Embalmer No: 4028.....

P. O. Address St. Joseph, Mo.

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.)

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