

38305

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 17 1939MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **10144**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 1  
 (b) City or town St. Louis  
 (c) Name of hospital or institution:  
St. John's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Marie Ludewig 3203. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife William Ludewig 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Feb. 13th 1865  
(Month) (Day) (Year)8. AGE: Years 74 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business 612. Name Johann Pohlmann 613. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Christina Harms 6  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Ludewig  
(b) Address 4210 Juniata St.17. (a) Burial (b) Date thereof 11-29-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul18. (a) Signature of funeral director Kriegshauser Mortuar  
(b) Address 4228 So. Kingshighway19. (a) NOV 28 1939 (b) J. D. Brudick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4210 Juniata St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th  
year 1939 hour 6:30 minute A.M. M.21. I hereby certify that I attended the deceased from Aug. 1939  
\_\_\_\_\_, 19\_\_\_\_, to Nov 27, 19\_\_\_\_.  
that I last saw her alive on Nov 27, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial failure 2 days  
Chl. Interstitial nephritis 5 days  
 Due to Coronariation - Abdominal 6 months

Due to Coronariation (advis. coronary) 2 yrs  
of avarian originOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? 1 (e) Means of injury \_\_\_\_\_23. Signature J. D. Brudick (M. D. or other) MD.  
Address 705 N. Kingshighway Date signed Nov 28 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
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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.

S.H. Pranger M.D.  
Delmar & Kingshighway

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**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.....

*Edwin A. McArthur*  
.....

Licensed Embalmer No..... 3024

P. O. Address.....

**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.**