

S. No. 2  
—11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41683

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

FILED JAN 20 1942

Registration District No. 214

Primary Registration District No. 5294

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Russellville  
(c) Name of hospital or institution: 1  
(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 Dietrich, Ludwig

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased May 13 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Sparks, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Michael Ludwig

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Appfelmacher

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Julius Buehler

(b) Address Russellville Mo

17. (a) Burial (b) Date thereof 12-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russellville Mo

18. (a) Signature of funeral director Walter David Salubert

(b) Address Russellville Mo

19. (a) Dec 3 1941 (b) W. E. M. Pleumner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Rural - Russellville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1  
year 1941 hour 1 minute 7 M.

21. I hereby certify that I attended the deceased from January 23<sup>rd</sup> 1941 to Dec 1 1941  
that I last saw him alive on Dec 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 1 week

Due to HYPERTENSION

Due to ARTERIO-SCLEROSIS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations § 30  
Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. M. Cherkoff (M. D. or other) D.O.  
Address Russellville Mo Date signed Dec 2, 1941

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

6  
0  
0

**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 <sup>us</sup>.....

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

Signed Hayes B. Schuchert - 3716  
-2820

Licensed Embalmer No. 3716 -

P. O. Address 2820  
B Russellville TN

**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.**