

FILED APR 8 1942  
Registration District No. **791**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6115 Clayton Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State..... **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6115 Clayton Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **Agnes B. Ludden**  
3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **8th**  
year **1942** hour **8:45** minute **P.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
**Late Patrick J. Ludden**  
7. Birth date of deceased **Aug. 25th 1877**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Jan 10, 1942 to March 8, 1942**  
that I last saw her alive on **March 8, 1942**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>6</b>	<b>11</b>	..... hr. .... min.

Immediate cause of death.....  
**Chronic Myocarditis** **10 yrs**

9. Birthplace **Yorkshire** **England**  
(City, town, or county) (State or foreign country)

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings:  
Of operations.....  
Of autopsy.....  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
11. Industry or business.....  
12. Name **Thomas Burke**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Bridget Kerrigan**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary A. Ludden**  
(b) Address **6115 Clayton Ave.**

**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?

17. (a) **Burial** (b) Date thereof **3-11-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

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

18. (a) Signature of funeral director.....  
(b) Address **4228 So. Kingshighway Blvd.**

23. Signature **J. J. Prebeck** (M. D. or other) **U**  
Address **March 19** Date signed.....

19. (a) **APR 10 1942** (b) **J. J. Prebeck**  
(Date received local registrar) (Registrar's signature)

Dr. John H. Simon  
4004 Chouteau Ave.  
Either 11 A.M. or 1-3 P.M.

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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 M. Herstatt*

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, fact should be so stated above.**