S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12844

Primary Registration District No. 1003

Registrar's No. 2538

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: St. John Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Wellston NR 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6563 Mount Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country /

3. (a) PRINT FULL NAME Elizabeth Mary Luddeke.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Luddeke

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb. 12, 1884. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	6	hr. min.

9. Birthplace O Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Clement Schaffer

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

14. Maiden name Christine Alfrank

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

16. (a) Informant Joseph Luddeke
(b) Address 6563 Mount Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peterr& Paul Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) APR 20 1942 (Date received local registrar) (b) J. F. Bidwell (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 4.50 minute P.M.

21. I hereby certify that I attended the deceased from April 8, 1942, to April 18, 1942 and that death occurred on the date and hour stated above.

that I last saw her alive on April 18, 1942

Immediate cause of death Cerebral Hemorrhage. — Duration 5 days

Due to Cerebral Arteriosclerosis and Hypertension — 2 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature Hoste A. Dill (M. D. or other) MD.
Address 7346 Manchester Date signed 4/29/42

Dr. F.A. Dill
7348 Manchester Ave.,
HI.1751.
-1-4 P.M.

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 Welford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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, fact should be so stated above.