S. No. 2
M—5-42
. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31419

FILED OCT 6 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1905

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96 0
(c) City or town Manchester 0
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ludwig C. Santens
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Bertha Ludwig
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 29 (Day) 1864 (Year)

8. AGE: Years 78 Months 1 Days 4/12 If less than one day hr. min.
9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Wood Finisher
11. Industry or business Retired
FATHER
12. Name Bernhard Ludwig
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Clarence Fechter
(b) Address 4914 Penrose
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) SEP 14 1942 (Date received local registrar) (b) C. G. McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1942 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 1st 1942, to 9-11 1942
that I last saw him alive on 9-10 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	sudden
Due to Chr. Hypertension	yrs
Due to Previous stroke	3 yrs
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
23. Signature C H Denny MD (M. D. or other) MD
Address Creve Coeur, Mo Date signed 9-12-42

(Licensed Embalmer's Statement on Reverse Side)

605 Clarice at 11 30
off. 705

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 Albert R. Thompson Jr

Licensed Embalmer No. 4257

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.