S. No. 2
0M—2-43
v 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED JUN 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16342

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4588

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: 3522 Kingsland Ct.
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3522 Kingsland Ct.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles H. 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 Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Jan. 5 1896 (Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation School Custodian
11. Industry or business Board Of Education

MOTHER · FATHER
12. Name Edward Ludwig
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Niemann
15. Birthplace (City, town, or county) St. Louis (State or foreign country)

16. (a) Informant Edna Ludwig
(b) Address 3522 Kingsland Ct.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Natl. Cem. Jefferson Barr.
18. (a) Signature of funeral director
(b) Address 3013 Meramec St.
19. (a) MAY 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 15 1943 to May 15 1943; that I last saw him alive on May 15 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris (Coronary occlusion)	
Due to Acute indigestion	
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

23. Signature Walter Meyer (M. D. or other)
Address 4461 Virginia Ave Date signed 5-17-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 1968

4661 = VIRGINIA AVE
9AM - 11 30 A.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 George J. Archambault, Registered Apprentice No. _____, working under my personal supervision.

Signed George J. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meranne

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.