

LED JUN 25 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1466

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town GARDENVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Miller 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  
(c) City or town Fenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Henry Ludwig

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife Annie Ludwig

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb 6 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 4 24 hr. min.

9. Birthplace Allenton Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

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

MOTHER FATHER {  
12. Name Ludwig  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Roeder

(b) Address 624 McKinley, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 6/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cemty

18. (a) Signature of funeral director Louis H. Bopp, Inc  
(b) Address Kirkwood, Mo.

19. (a) E. H. McKeown  
(b) June 25 1943  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on June 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of suprapubic  
Duration 3 years

Due to \_\_\_\_\_  
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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_  
23. Signature Walter K Kelly (M. D. or other) \_\_\_\_\_  
Address 9915 Sharon Date signed 6/23/43

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

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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..... *Louis H. Hoff*

Licensed Embalmer No..... *921*

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.**