

S. No. 2
M-2-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31913
Registrar's No. 15-88

OCT 18 1943

Registration District No. 161

Primary Registration District No. 5594

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Meramec Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rivermount Trails
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Five months 4 days (Specify whether)
years, months or days 15 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgwick 939

(c) City or town Wichita 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. 527 Lula
(If rural, give location)
No

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 4

3. (a) PRINT FULL NAME Major Alfred J. Ludwig

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs. Ruby Cross Ludwig

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased August 25, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>10</u>	<u>16</u>	hr. _____ min.

9. Birthplace Milwaukee, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Regular Army man prior to Commission.

11. Industry or business U.S. Army

MOTHER { 12. Name Henry Ludwig

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

14. Maiden name Anna (Unknown) Ludwig

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

16. (a) Informant Mrs. Ruby Cross Ludwig

(b) Address 2751 Granda, LeMay, Mo

17. (a) Burial (b) Date thereof 14 Jul 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Leavenworth

18. (a) Signature of funeral director Louis W. Tapp

(b) Address Funeral Home

19. (a) 11 July 43 (b) Samuel A. Towne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1st
1943, to July 10th, 1943;
that I last saw him alive on July 10th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 60 min.

Due to 94a

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None

Of autopsy Confirmed - Autopsy
held 12 Jul 1943

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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)
(e) Means of injury major m e

23. Signature Charles A. Laughlin (M. D. or other) major m e

Address Industrious Station Jefferson Date signed 7-13-43
Dorrachs m s.

MAR 27 1950

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 John M. Meyers
Licensed Embalmer No. 3288
P. O. Address Kirkwood, 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.