

No. 2
-2-43
-17-39
X-35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40186

FILED DEC 22 1943 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 10201

1. PLACE OF DEATH:

(a) County ST LOUIS MO.

(b) City or town ST LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2025 Madison
(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 MISSOURI (b) County 1700

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2025 MADISON STR.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM J LUDWIG

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-12-0262

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife AMALIA LUDWIG

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased MAY 13 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 6 23 hr. min.

9. Birthplace APPLETON MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER RETIRED

11. Industry or business LAMMERT FURNITURE

MOTHER FATHER { 12. Name CASPER LUDWIG

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE SCHREINER

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant AMALIA LUDWIG

(b) Address 2025 Madison St

17. (a) BURIAL (b) Date thereof 12-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Budman funeral Home

(b) Address 1936 St Louis Ave

19. (a) DEC 9 (b) J. F. Brudeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER 16 1943
year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 20 1943 to Dec 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ?

Due to Chronic Bronchitis ?

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) (e) Means of injury _____

23. Signature D. P. Smith (M. D. or other) _____

Address 1522 Cass Date signed 12-7-43

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

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..... *Eric May*

Licensed Embalmer No. *3737*

P. O. Address..... *1936 H. Louder*

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.