

FILED APR 22 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 906

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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 Lewis
(c) City or town La Grange
(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

Linda Ludwig

3. (b) If veteran, name war _____

None

3. (c) Social Security No. _____

None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 14 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 0 hr. min.

9. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name James Ludwig

13. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Pomie Logan

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

16. (a) Informant A.A. Roberts

(b) Address La Grange, Mo.

17. (a) Removal (b) Date thereof 4-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 17 1944 (b) E. G. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month A oril day 14
year 1944 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 18, 1944, to April 14, 1944
that I last saw her alive on April 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Hydrocephalus
Spina Bifida
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 time and place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) M.D.
Address 4952 Maryland Ave Date signed 4/15/44
St. Louis, Mo.

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

6
8
3

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 G. Hoffa

Licensed Embalmer No.....

2971

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.