

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

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **4433**

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:
3110a Miama St.
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3110a Miami St.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Ludwig

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: Male 5. Color or race: White

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

6. (b) Name of husband or wife: Anna Ludwig

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: July 26th 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>14</u>	hr. _____ min.

9. Birthplace: Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation: Restaurant Proprietor

11. Industry or business _____

12. Name: John Ludwig

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

14. Maiden name: Angeline Metzger

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

16. (a) Informant: Anna Ludwig

(b) Address: 3110a Miami St.

17. (a) Burial (b) Date thereof: 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Kriegshauser Mortuary

(b) Address: 4228 So. Kingshighway Blvd.

19. (a) MAY 13 1944 (Date received local registrar)

J. F. Amodeo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1944 hour 5:30 minute _____ P.M. or A.M.

21. I hereby certify that I attended the deceased from FEB 23-1944
to MAY 10 1944

that I last saw him alive on MAY 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: CHRONIC MYOCARDITIS

Duration: 2 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature: Paul R. Kozlman (M. D. or other) _____

Address: 116 LEMAY FERRY RD. Lemay Date signed: MAY 12 1944

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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 Richard W Storsand

Licensed Embalmer No. 4007

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.