S. No. M—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38823

FILED DEC 12 1944

Registration District No. 3066 — Primary Registration District No. 3066 — Registrar's No. 2404

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Kirkwood, Mo (Rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Box 175, RFD #13, Boaz Ave., Kirkwood, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution U.S. Marine Hosp. 174 da. (Specify whether years, months or days) In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No.: RFD #13, Box 175, Boaz Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Andrew Ludwig

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

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

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

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

7. Birth date of deceased: Sept. (Month) 2 (Day) 1901 (Year)

8. AGE: Years 43 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation: Hospital Attendant

11. Industry or business: U.S. Public Health Service

FATHER 12. Name: Christ Ludwig

FATHER 13. Birthplace: Ill. (City, town, or county) Illinois (State or foreign country)

MOTHER 14. Maiden name: Henrietta Hoppe

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

16. (a) Informant: Clinical Records of Hospital

(b) Address: 525 Couch Ave., Kirkwood, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 30-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: BURGESS CEM. ANTONIA Mo.

18. (a) Signature of funeral director: HEILIGTAG FUNERAL HOME

(b) Address: KIMMSWICK Mo.

19. (a) DEC 1 1944 (Date received local registrar) (b) E. H. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1944 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from June 6, 1944 to November 27, 1944; that I last saw him alive on Nov. 27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung — Duration 6 mo

Due to: x

Due to: x

Other conditions (Includes 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): x

(b) Date of occurrence: x

(c) Where did injury occur? x (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? x (e) Means of injury: x

M. Signature: J. B. Ryon, Sr. Surg. (M.D. or other)

Address: U.S. Marine Hosp. Kirkwood, Missouri — Date signed 11/28/44

(Licensed Embalmer's Statement on Reverse Side)

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

Sr. Surgeon, Med. Off. In Charge

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 Arthur W. Deilington

Licensed Embalmer No. 387

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.