

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18658
Registrar's No. 4871

FILED JUN 6 1946
318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ev. Deaconess Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 11 days
years, months or days)

3. (a) PRINT FULL NAME PAULINE LUDWIG

3. (b) If veteran,
name war —

3. (c) Social Security
No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred A. Ludwig
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Dec 2 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 28 hr. min.

9. Birthplace Monroe Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry E. Hern

13. Birthplace Monroe Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Louise Roderberg

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

16. (a) Informant Fred A. Ludwig

(b) Address 599 Stiening St. Waterloo

17. (a) Removal (b) Date thereof May 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo

18. (a) Signature of funeral director Emil Guernheim

(b) Address Waterloo, Illinois

19. (a) MAY 31 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe 99
(c) City or town Waterloo 11
(If outside city or town limits, write "RURAL") NR 5
(d) Street No. 599 Stiening St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1946 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 19
1946, to May 30, 1946
that I last saw her alive on May 29
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis secondary
Due to Non-encephalitic.
Due to

Other conditions (Include pregnancy within 3 months of death) 8-7

Major findings:
Of operations
Of autopsy
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) Means of injury

23. Signature J. F. Bredeek (M. D. or other) M. D.
Address 490 2 Maryland Ave. Date signed 5/31/46

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

5/31/46

JUL 24 1945

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 Me
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address

E. H. Lewis Dls

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.