

FILED MAY 21 1947

State File No.

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1037

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 St. Louis ⁹⁶

(c) City or town University City ²
(If outside city or town limits, write "RURAL")

(d) Street No. # 13 Radcliff Ave. ⁵
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Peter G. Ludwig

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from May 2
1947 to May 13 1947
that I last saw him alive on May 13
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie K. Ludwig 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased. August 28 1868
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Colon ^{band}

Due to..... 462

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

8. AGE: Years 77 Months 8 Days 16 If less than one day
hr..... min.

9. Birthplace Jell City, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business None

12. Name Peter G. Ludwig

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

14. Maiden name Frances Frey

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

16. (a) Informant Clayd Ludwig

(b) Address # 13 Radcliff Ave.

17. (a) Burial (b) Date thereof 5/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cox Grove Cem.

18. (a) Signature of funeral director C. R. Rupton + Sons

(b) Address 7233 Delmar Blvd

19. (a) 5-15-47 (b) Paul J. Shapiro
(Date received local registrar) (Registrar's signature)

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. M. Frey (M. D. or other) ^{5/14/47}

Address 1703 S. Jean Date signed.....

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

MOTHER FATHER

Dr Newton M. Stearns
1703 So Grand Blvd.
Ala: 15888.
11-12:30.

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.....

Raymond L. Morris
Licensed Embalmer No. 4330

P. O. Address.....

Maplewood J

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.