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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25804

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7465

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Several years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 412 Alta Dena Ct. 5 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred W. Ludwig

3. (b) If veteran, name war

3. (c) Social Security No. 494-03-7289

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alvina

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. (Month) 15 (Day) 1893 (Year)

8. AGE: Years 53 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Hillsboro (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Traffic Manager

11. Industry or business Cornell Seed Co.

FATHER 12. Name Fred W. Ludwig, Sr.

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

MOTHER 14. Maiden name Edith Beck

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

16. (a) Informant Mrs. Alvina Ludwig

(b) Address 412 Alta Dena Ct.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5-d year 1947 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 4, 1947, 19..., to August 5, 1947, 19..., that I last saw him alive on August 5, 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic H. Disease	unk.
Cardiac Enlargement	unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) no

(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 R. Mezera M.D. (M. D. or coroner)

Address 539 N. Grand St. Louis Date signed 8/5/47

(Licensed Embalmer's Statement on Reverse Side) R. MEZERA

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 Felix Durand

Licensed Embalmer No. 3024

P. O. Address Kirkwood (22) 7

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.