V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29273

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7952

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

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: 4341 De Sota Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4341 De Sota Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna M. Ludwig

3. (b) If veteran, name war none

3. (c) Social Security No. 490-03-1137

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased June 5, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	15	hr. min.

9. Birthplace Belleville Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Elder Mfg. Co.

FATHER
12. Name Henry G. Bohlsen
13. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Hacker
15. Birthplace Belleville Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant H. J. Bohlsen
(b) Address 4341 De Sota Ave

17. (a) Cremation (b) Date thereof 8-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 Fair Ave, St. Louis

19. (a) AUG 22 1947 (b) J. F. Bresack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1947 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 15, 1947, to Aug 20, 1947, that I last saw her alive on Aug 19th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1 da 1 yr

PHYSICIAN

Underline the cause of 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 N. A. Phelps M.D. (M. D. or other)

Address 4724 Stevens Date signed 8/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo.

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.