No. 2
1/47
17-39

FEDERAL SECURITY AGENCY #40737
National Office of Vital Statistics
FILED JAN 30 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2790
Registrar's No. 715

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 Mississippi Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JEROME LUDWIG
3. (b) If veteran, name war Nil
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Stella
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 22, 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 0 If less than one day hr. min.
9. Birthplace St. Charles Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Brass-molder
11. Industry or business Retired
FATHER
12. Name Henry Ludwig
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Tayon
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Florence Zwick
(b) Address 1043 E. Big Bend Road
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) JAN 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd year 1948 hour 9 minute 25 P M.
21. I hereby certify that I attended the deceased from 1/12/48, 19, to Jan 22nd, 1948; that I last saw him alive on Jan 22nd, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) (1) Tertiary Syphilis (late latent) (2) Prostate, nodular hyperplasia
Major findings:
Of operations
Of autopsy not obtained

Duration

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 1515 Lafayette 1/23/48 (M.D. or other)
Address Date signed

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette Ave

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.