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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH.
STANDARD CERTIFICATE OF DEATH.

State File No. 6672
Registrar's No. 1634

Registration District No. 318 Primary Registration District No. 1003

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: Res: #6185 Kingsbury Blv'd.,
(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 aw
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. #6185 Kingsbury Blv'd., 5
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMILY J. LUDWIG.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex Female.
5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 26, 1861. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86.	2.	20.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name Dr Chrles V. F. Ludwig.
13. Birthplace Germany. (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name Emily Gantie
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Mr Louis Barklage.
(b) Address #6185 Kingsbury Blv'd.,
17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 2/18/48. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) FEB 17 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February, day 16th, year 1948, hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from Oct, 1946 to Feb 16, 1948; that I last saw he was alive on Feb 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	Over 2 yrs.
Due to: Myocardial Degeneration	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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 Daniel P. Sullivan (M. D. or other)
Address 607 N. Grand Ave Date signed 2-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr Daniel Sexton.
University Club Bld'g.,
by appointment..
NE: 1750.

JAN 6 1949

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.