S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17776

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4799

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: 3150 Leola Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3150 Leola Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE LUDWIG
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William C. Ludwig
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January (Month) 13 (Day) 1854 (Year)

8. AGE: Years 94 Months 4 Days 11 If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name John Guyot
13. Birthplace France ? (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Mattias
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Geo. R. Schoenthaler
(b) Address 3150 Leola Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Alexander & Son
(b) Address 6175 Delmar Blvd., St. Louis, Mo.
19. (a) MAY 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from May, 1930, to May 24, 1948
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic Inanition (Infirmity & Age)	
Due to Decubitus	3 mos.
Due to Chronic Arthritis	10 yrs.
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 Walter C. Kuchner (M. D. ~~or other~~)
Address 508 N. Grand Blvd (3) Date signed 5/24/48

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 Jas. E McCulloh

Licensed Embalmer No. 246.0

P. O. Address 613 Delmar

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.