No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24491

Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 6177

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1008 LAFAYETTE 1
(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 600

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

(d) Street No. 1008 LAFAYETTE 9
(If rural, give location)

23 0

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

If yes, name country

3. (a) PRINT FULL NAME CHRIST LUDWIG

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased APRIL (Month) 10 (Day) 1881 (Year)

8. AGE: Years 67 Months 2 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) HUNGARY 4 (State or foreign country)

10. Usual occupation RETIRED BUTCHER

11. Industry or business

FATHER
12. Name VALENTINE LUDWIG 4
13. Birthplace (City, town, or county) HUNGARY 1 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH LUDWIG
15. Birthplace (City, town, or county) HUNGARY 4 (State or foreign country)

16. (a) Informant MRS JOHN SAMSON
(b) Address 5190 GOETHE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation S. S. PETER & PAUL CEM

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) JUL 22 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9
year 1948 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 [signature] (M. D. or other)

Address [signature] Date signed 7/12/48

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 Hamer C Dill

Licensed Embalmer No. 4347

P. O. Address 2606 Gravois

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.