FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24492

Registrar's No. 6925

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 Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 2305 Hebert St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dr. George E. Ludwig.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Ludwig

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 31 (Day) 1892 (Year)

8. AGE: Years 56 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Hillsboro (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Chiropodist

11. Industry or business

MOTHER FATHER

12. Name Fred W. Ludwig

13. Birthplace Hillsboro (City, town, or county) Illinois (State or foreign country)

14. Maiden name Edith Beck

15. Birthplace Hillsboro (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Louise Ludwig

(b) Address 2305 Hebert St.

17. (a) entombment (Burial, cremation, or removal) (b) Date thereof 8-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Vallhalla Mausoleum

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) AUG 6 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 1, 1948 to Aug 4, 1948 that I last saw him alive on Aug 4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary infarction	3da
Due to: acute heart failure	3hr
Due to: Chronic myocardial embolism	3yrs
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Pulmonary infarctions & cardiac embolism

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 (M. D. or other)

Address 4500 Olive St. St. Louis Date signed 8/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fred Frick

Licensed Embalmer No. 3186

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.