

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11045

State File No. ....

968

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 608

1. PLACE OF DEATH a. COUNTY <u>Village Green ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Villa Green</u> b. COUNTY <u>St. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ferdinand - "Rural"</u> c. LENGTH OF STAY (In this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Ferdinand Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Green</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sister Mary</u>	b. (Middle) <u>Marcella</u>	c. (Last) <u>Ludowizi</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 31, 1873</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Nicolaus Ludowizi</u>	13b. MOTHER'S MAIDEN NAME <u>Susanna Schaeffer</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary Loyola</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular Renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>6 yrs.</u> <u>4 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pruritus aemia</u>		
	DUE TO (c) <u>Senility - mental deterioration</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Col of breast removed 30 yrs ago</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442x 1302x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 1948, to March 10, 1949, that I last saw the deceased alive on 3-2, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Weyrich MD</u>	23b. ADDRESS <u>8212 N. Broadway</u>	23c. DATE SIGNED <u>3-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 12, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Villa Green Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-13-49</u>	REGISTRAR'S SIGNATURE <u>Theresa B. Ludwig</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Theresa B. Ludwig</u>	ADDRESS <u>7420 M. Chicago</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W E Morris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address \_\_\_\_\_

**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.