

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18132

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6526</u>		Registrar's No. <u>1127</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pin Lawn Mo</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pin Lawn Mo</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Counsel Hos</u>				d. STREET ADDRESS (If rural, give location) <u>6875 Natl Bridge Rd</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>LUDWIG</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1949</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 18-1870</u>			
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>6</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Francis X Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Vandenberg</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. B. Ludwig Deceased</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Ludwig 4906 Thirous Av</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension with renal vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____					
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? _____					
22. I hereby certify that I attended the deceased from <u>March 22, 1949</u> , to <u>May 12, 1949</u> ; that I last saw the deceased alive on <u>May 11, 1949</u> , and that death occurred at <u>12:29 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John L. ... M.D.</u> (Degree or title) _____				23b. ADDRESS <u>4703 Center Ave St. Louis</u>		23c. DATE SIGNED <u>5-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>			
DATE REC'D BY-LOCAL REG. <u>5-13-49</u>		REGISTRAR'S SIGNATURE <u>Harold Vandenberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watson Burgeon 6136 Clayton Rd</u>					

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

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Miss Mo

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.

Student
Student Embalmer

Signed *Clement McHenry*

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.