

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2749

800

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St Louis Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE Mo b. COUNTY 2004			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. LENGTH OF STAY (In this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		d. FULL NAME OF HOSPITAL OR INSTITUTION at Home 4949 Nabada Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home 4949 Nabada Ave		e. STREET ADDRESS (If rural, give location) 6 4949 Nabada Ave					
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) SYLVESTER c. (Last) LUDWIG			4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1950				
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 9-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7	IF UNDER 1 MIN. Hours 15	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigerator Muggist		10b. KIND OF BUSINESS OR INDUSTRY Muggist		11. BIRTHPLACE (State or foreign country) Belleville Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benedict Ludwig		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertha M Ludwig			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Jockeys 6536 Clayton Rd			
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) Streptococcus pneumoniae ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio-Vascular DUE TO (c) Renal Disease II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis - Senescent				INTERVAL BETWEEN ONSET AND DEATH 24 hrs Chr. Chr.	
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) 1 H47-X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:05 PM 1950		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 July 1948 to Jan 24, 1950 , that I last saw the deceased alive on Jan 24, 1950 , and that death occurred at 10:45 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold Oct 1950				23b. ADDRESS 2814 Sutton St Hwy		23c. DATE SIGNED 1-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 26-1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		24d. LOCATION (City, town, or county) (State) St Louis City Mo	
DATE REC'D BY LOCAL REG. JAN 25 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS U 14 Jockeys Fun Home 6536 Clayton Rd.			

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmer R. Jadinell

Signed.....
Student Embalmer

Licensed Embalmer No. 4097

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.