

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1950

State File No. 28421
6981

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		3109		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 4644 Ashland Avenue, 15,				
3. NAME OF DECEASED (Type or Print) Mathilda			a. (First)	b. (Middle)	c. (Last) Ludwig	4. DATE OF DEATH (Month) (Day) (Year) August 14th, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 10th, 1883		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 4		Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Bremen, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Kattenbraker			13b. MOTHER'S MAIDEN NAME Lisette Holtz			14. NAME OF HUSBAND OR WIFE Richard S. Ludwig		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Richard S. Ludwig, 4644 Ashland Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Mammary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Metastases, in spine, Viscera. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Cancer.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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? 170X				
22. I hereby certify that I attended the deceased from 8-1-1950 , to 8-14-1950 , that I last saw the deceased alive on 8-14-1950 , and that death occurred at 7:03 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ca Whit				23b. ADDRESS 508 N. Grand St. Louis		23c. DATE SIGNED 8/16-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/17/50		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri		
DATE REC'D BY LEGAL _____		REGISTRAR'S SIGNATURE J. B. Fasater			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Metropolitan College
Board - Class
No 9974

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.....
Student Embalmer

Signed John A. Menden
Licensed Embalmer No. 4186

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.