

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11118

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 619

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> <u>Village View</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: 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) <u>Saint Ferdinand - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural"</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 503 - Saint Louis, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Village View</u>			
3. NAME OF DECEASED a. (First) <u>Sister Mary Alphonsine Ludwig</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1951</u>	
b. (Middle) _____		c. (Last) _____	
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>Aug. 21, 1878</u>
9. AGE (In years last birthday)		10. AGE (In years last birthday)	
<u>72</u>		<u>6 16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benedict Ludwig</u>		13b. MOTHER'S MAIDEN NAME <u>Catharine Scheibl</u>	
14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary Loyola</u>		ADDRESS <u>P.O. Box 503 - Mo.</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>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES <u>acute decompensation</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of femur</u> DUE TO (c) <u>Smelting</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443XF	
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) m.	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>April</u> , 19 <u>48</u> , to <u>March 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>51</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Verjick</u>		23b. ADDRESS <u>8212 E. Broadway</u>	23c. DATE SIGNED <u>3-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>March 9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Villa Mesin</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/9/51</u>	REGISTRAR'S SIGNATURE <u>Hubert A. Dompierre</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank W. Fendler</u>	
		ADDRESS <u>2420 Michigan</u>	

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.

Student .....  
Student Embalmer

Signed VE Morris

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.