

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24161

State File No. _____
Registrar's No. 22

FILED AUG 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>205</u>		PRIMARY REG. DIST. NO. <u>4452</u>		State File No. _____		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>			c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>			<u>0920</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>Otto</u>			a. (First)		b. (Middle) <u>Ludwig</u>		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1951</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>April 17, 1864</u>			9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Days <u>2</u>		11. IF UNDER 2 HRS. Hours Mins. <u>23</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewmaster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Breweryter</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Not Known</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</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 dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. A.O. Ludwig Wentzville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u> 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 Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4222</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Mo.</u> <u>10570</u> to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/28</u> , 19 <u>51</u> , and that death occurred at <u>4 57</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>H. C. W. Murray M.D.</u> (Degree or title)					23b. ADDRESS <u>Wentzville, Mo.</u>			23c. DATE SIGNED <u>6/30/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/2/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Wentzville Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Aug 8/1951</u>		REGISTRAR'S SIGNATURE <u>Martin F. [Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris Mueichony Wentzville, Mo.</u>					

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 13 1951

RECEIVED

EXD 21 1951

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

Howard O. Kunkle

Licensed Embalmer No. 4631

P. O. Address Wentzville 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.