

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43138

State File No.

FILED JAN 10 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 11481

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11481	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2259			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 206 TOWN Saint Louis		d. STREET ADDRESS (If rural, give location) M. A. C. 405 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL							
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) M.		c. (Last) LOUDERMAN	
4. DATE OF DEATH		(Month) 12		(Day) 25		(Year) 51	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 3/7/68	
9. AGE (In years less birthday) 83		IF UNDER 1 YEAR Months 9		IF UNDER 24 HRS. Days 18		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of Board Louderman Inv. Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry B. Louderman		13b. MOTHER'S MAIDEN NAME Sally Marshall		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James D. Moffat 111 #11 Clayton Ter.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE EMBOLI ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) BILATERAL POPLITEAL ARTERY THROMBOSIS WITH GANGRENE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PREVIOUS THROMBOSIS RIGHT MIDDLE CEREBRAL ARTERY				INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS MANY YEARS 3 WEEKS 4 WEEKS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4:200			
22. I hereby certify that I attended the deceased from 12/1 1951, to 12/25 1951, that I last saw the deceased alive on 12/25 1951, and that death occurred at 2:20P m., from the causes and on the date stated above.							
23a. SIGNATURE F. H. Bradley		(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 26 1951		REGISTRAR'S SIGNATURE Robert J. Ambruster Inc.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc. 6633 Clayton			

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

APR 24 1958

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

Ernest W. Spillars

Licensed Embalmer No. *14080*

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.