

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24962**  
**3313**

FILED JUL 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>62 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>121 Olive 3108</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carl</b> b. (Middle) _____ c. (Last) <b>Ludwig</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1953.</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>Jan. 24, 1890.</b>		
9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Frankfort Germany 4</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Michael Ludwig</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schuler</b>		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) <b>World War No. I</b>		16. SOCIAL SECURITY NO. <b>510-26-1625</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Morris Thomas</b> ADDRESS <b>121 Olive Kansas City Mo.</b>				
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) <b>Myocardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver.</b> DUE TO (c) <b>Excess alcohol consumption</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b> <b>2 yrs.</b> <b>15 yrs</b> <b>5811</b>	
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 _____				
22. I hereby certify that I attended the deceased from <b>May 13, 1953</b> to <b>June 29, 1953</b> that I last saw the deceased alive on <b>June 29, 1953</b> and that death occurred at <b>11:48 a.m.</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>S. B. Welch</b> (Degree or title) <b>D.O. 2</b>				23b. ADDRESS <b>2608 Ind. Amer. Ch.</b>		23c. DATE SIGNED <b>7/1-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 2, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-1-53</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C. L. Forster Kansas City Mo.</b>				

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

Dr. S. E. Welch  
Be 9495

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3599

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.