

FILED NOV 22 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 395016

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2585

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b>		c. CITY OR TOWN <b>Ferguson</b> <sup>no</sup>	
c. LENGTH OF STAY (in this place) <b>2 yrs</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>Penn Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>Penn Nursing Home</b> <b>4099</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b>		b. (Middle) <b>Lude</b>	
c. (Last) <b>Lude</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8th 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25th 1876</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR <b>10</b> Months <b>13</b> Days	IF UNDER 24 HRS. <b>13</b> Hours <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>August Lude</b>	
13b. MOTHER'S MAIDEN NAME <b>Frances Anandel</b>		14. NAME OF HUSBAND/DR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Louise Cain, 7110 Canterbury, Maplewood</b>		ADDRESS <b>Maplewood</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b>		<b>unknown</b>	
DUE TO (c) <b>Hypertensive Cardiovascular disease</b>		<b>unknown</b>	
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 <b>332 X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Aug 19, 1952</b> to <b>Nov 9, 1954</b> , that I last saw the deceased alive on <b>Nov 2, 1954</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lewis Littmann</b> (Degree or title)		23b. ADDRESS <b>MO 98231 Clayton Rd (17)</b>	
23c. DATE SIGNED <b>11/8/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-10-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter and Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/8/54</b>		REGISTRAR'S SIGNATURE <b>Wesley B. Ambler</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley B. Ambler</b>		ADDRESS <b>Wesley B. Smith, Maplewood, Mo.</b>	

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

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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..... *H. L. Burgess*  
Licensed Embalmer No. *402*  
P. O. Address *Maplewood*

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.