

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35444**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 545		Registrar's No. 2512		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) 11 mon.		c. CITY OR TOWN Clayton		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 Maplewood Nursing Home				e. STREET ADDRESS (If rural, give location) 706a De Mun				
3. NAME OF DECEASED (Type or Print) Albert Roy Ludwig			4. DATE OF DEATH Oct. 28th 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 20th 1890		
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 7 Days 8		IF UNDER 24 HRS. Hours 8 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Chesterfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Augusta Ludwig			13b. MOTHER'S MAIDEN NAME unknown Cantini			14. NAME OF HUSBAND OR WIFE. (late) Lille Ludwig		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-14-8736		17. INFORMANT'S SIGNATURE OR NAME Lucille Erman		ADDRESS Above		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident				INTERVAL BETWEEN ONSET AND DEATH 15 mos.		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis				Many years		
		DUE TO (c)						
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (Specify) SUICIDE		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 Nov. 29, 1954 , to Oct 28, 1955 , that I last saw the deceased alive on Oct. 27, 1955 , and that death occurred at 10:35 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE James B. Jones			23b. ADDRESS 337 W. Lockwood Webster Groves 19, Mo.		23c. DATE SIGNED 10-29-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-55		24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 10-31-55		REGISTRAR'S SIGNATURE Robert R. Dumble			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.			

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.
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.