

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3401

State File No. ....

FILED FEB 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 246

1. PLACE OF DEATH  
a. COUNTY ST. Louis County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Louis

b. CITY OR TOWN MANCHESTER c. LENGTH OF STAY (In this place) 148.2 M. AD.

c. CITY OR TOWN Manchester 4000 d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Homes

e. STREET ADDRESS (If rural, give location) Pine Crest Nursing Home

3. NAME OF DECEASED  
a. (First) John b. (Middle) \_\_\_\_\_ c. (Last) Ludwig.

4. DATE OF DEATH (Month) (Day) (Year) JAN 25 1956

5. SEX MALE 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH JAN 24 1895

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 60 11 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Redbud Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. 342-12-7546

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Ludwig, 7449 Rupert, Maplewood, Mo.

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) Chronic Myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio Sclerosis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14 1954 to Jan 25 1956, that I last saw the deceased alive on Jan 23 1956, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Hansen M. D.

23b. ADDRESS (State) 2850 Oakland Maplewood Mo 23c. DATE SIGNED Jan 25 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-26-56

24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 1-27-56

REGISTRAR'S SIGNATURE Heber B. Hansen

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 *J Allen Davis*.....  
Licensed Embalmer No. *4765*

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.