

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6838**

Registrar's No. **1777**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>6838</b>		Registrar's No. <b>1777</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>3 years</b>			c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5475 Cabanne Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>5475 Cabanne Avenue</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOSEPHINE</b>		b. (Middle) <b>BERKLEY</b>		c. (Last) <b>LUDLOW</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 17, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>January 15, 1870</b>		9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher - Ben</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Blewett Jr. High</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Francis M. Ludlow</b>			13b. MOTHER'S MAIDEN NAME <b>Harriet Maury</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>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. F. R. Stout</b>					ADDRESS <b>705 Olive Street</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>Intra abdominal malignancy</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>1999</b>								
19a. DATE OF OPERATION <b>Sept. 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Inoperable malignant tumor - site of origin not determined</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
27a. 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>1950</b> , to <b>Feb 17</b> , 1956, that I last saw the deceased alive on <b>Feb 17</b> , 1956, and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>George W. Stuer</b>				23b. ADDRESS <b>St. D. 3720 Washington Blvd.</b>		23c. DATE SIGNED <b>2-18-56</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/20/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>FEB 20 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>					ADDRESS <b>7233 Delmar Blv'd.</b>

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

Dr. Ittner will come in and sign.

MAR 18 1957

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 *Clarence H. Murr*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis*.....

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.