

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14975

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3989

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY Monroe

b. CITY (If outside corporate limits, write RURAL and give town) St. Louis c. LENGTH OF STAY (in this place) 3 days

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

d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital

STREET ADDRESS (If rural, give location) 32 Route #1 81208

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Ludwig c. (Last) Ludwig 4. DATE OF DEATH (Month) (Day) (Year) 4 24 57

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 3-13-1867 9. AGE (In years last birthday) 90 f. UNDER 1 YEAR Months Days g. UNDER 1 YEAR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Foreman

11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Ludwig

13b. MOTHER'S MAIDEN NAME Sohanna Jochling

14. NAME OF HUSBAND OR WIFE Bertha Ludwig nee Schell

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. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olmer Ludwig St. Louis 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cu 7 required with Metabol
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Unusual arterial disease
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 153+

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (a.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 April 22, 1957, to April 24, 1957, that I last saw the deceased alive on April 24, 1957, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)

23b. ADDRESS Mo. Pacific Hospital

23c. DATE SIGNED 4-26-57

24a. BURIAL (Specify) Burial

24b. DATE 4/29/57

24c. NAME OF CEMETERY OR CREMATORY St. Paul

24d. LOCATION (City, town, or county) (State) Columbia, Illinois

DATE REC'D BY LOCAL REG. APR 26 57 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Josephine Schmitt Columbia, Illinois

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Josephine Schmidt

Licensed Embalmer No. 7073

P. O. Address Columbus
Ill

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.