

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 022690  
State File No.

FILED JUL 11 1957

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6106

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6106			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN St. Louis		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 (If not in hospital or institution, give street address or location) 32 St. Lukes Hosp				e. STREET ADDRESS (If rural, give location) 1670 3322 <sup>a</sup> Cherokee					
3. NAME OF DECEASED (Type or Print)		a. (First) AUGUST		b. (Middle) G		c. (Last) LUDWIG		4. DATE OF DEATH (Month) (Day) (Year) June 29 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 19 1893		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Clerk		10b. KIND OF BUSINESS OR INDUSTRY Shapleigh Hdwe		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME Frank Ludwig			13b. MOTHER'S MAIDEN NAME Mary Berkel			14. NAME OF HUSBAND OR WIFE Theresa 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. 490-03-6549		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Ludwig 3322 <sup>a</sup> Cherokee					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction						4 days	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized abdominal carcinomatosis 4 months							
		DUE TO (c) 1574x							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum						1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 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 October, 19 56, to June 29, 19 57, that I last saw the deceased alive on June 29, 19 57, and that death occurred at 3:15 pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold E. Walters MD				23b. ADDRESS 3720 Washington Blvd, St. Louis, Mo.			23c. DATE SIGNED 7-1-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 2 1957		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.			
DATE REC'D BY LOCAL REG. JUL 1 - 57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Gravois Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

1-3-5  
9  
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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 *Leo J. Budd*.....  
Licensed Embalmer No. *398*  
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.