

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3997

FILED JAN 27 1958

STATE FILE NUMBER  
500 Registrar's No. 140

Registration District No. 317 Primary Registration District No. 500

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1-57

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1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lemay 48600</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lemay Nursing Home</b>		Length of stay in lb <b>1 wk.</b>	d. STREET ADDRESS (If outside, give location) <b>1806 Telegraph Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LUDWIG W FILIP</b>			4. DATE OF DEATH Month Day Year <b>Jan. 14, 1958</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 19, 1896</b>	9. AGE (In years at birthday) <b>61</b>	10. F UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lud's Tavern</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ludwig Filip</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA GEMNICK rfer</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <del>unknown</del> ) (If yes, <del>None</del> dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-05-0731</b>	17. INFORMANT Address <b>Hilda Eppendorfer, 3705 Blow</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Primary Carcinoma Duodenum</b> DUE TO (b) <b>Generalized Metastasis</b> DUE TO (c) <b>197X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>11/8/58</b> to <b>11/14/58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>11/14/58</b> Death occurred at <b>7:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Michael D. Barthel M.D.</b>			22b. ADDRESS <b>7615 So. Broadway</b>		22c. DATE SIGNED <b>1/15/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/17/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Lemay Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Fendler Und. Co. 7420 Michigan</b>		25. DATE RECD. BY LOCAL REG. <b>1-16 58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert P. Donahue</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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Dr. Bartnick

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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 *W. G. Peterson*

Licensed Embalmer No. *3767*  
P. O. Address *7420 Mich*

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.