

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019915

STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5806

| | | | | | |
|--|---------------------------|---|--|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital | | Length of stay in lb 28 yrs. | d. STREET ADDRESS (If outside, give location) 247 3242a Ohio Avenue | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MIDDLE LAST DORTHA WILMA LUDWIG | | | 4. DATE OF DEATH Month Day Year June 2, 1958 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 17, 1912 | 9. AGE (In years last birthday) 45 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework & Occupational | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) Coulterville, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Therapy Joseph C. Schott | | 13b. MOTHER'S MAIDEN NAME Manda Baker | | 14. NAME OF HUSBAND OR WIFE Herbert L. 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. 490-32-2294 | 17. INFORMANT Address Miss Betty Ludwig, 3242a Ohio Avenue | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral embolism mitral thrombosis DUE TO (b) Mitral thrombosis rheumatic heart disease DUE TO (c) Rheumatic Heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40x | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 1953 to June 2-1958 and last saw her alive on May 26-1958 Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE Wm. B. Kountz (Degree or title) M.D. | | | 22b. ADDRESS 4500 Olive, St. Louis, Mo. | | 22c. DATE SIGNED 6/5/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE June 5, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Swanwick Cemetery | | 23d. LOCATION (City, town, or county) (State) Swanwick, Illinois |
| 24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave | | | 25. DATE RECD. BY LOCAL REG. 6-4-1958 | 26. REGISTRAR'S SIGNATURE Earl Smith MO mjb | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

300
-57

Dr. William B. Kountz
4500 Olive St.

FO 1-2900

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 _____

Licensed Embalmer No. 4550
P. O. Address 4500 Olive St.

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.