

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023506

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5754

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis)	
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 Pine Lawn 4/6/58
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 1535 South 8th St		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 6221 Dardanelle
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Loyde Middle L Last Ludlum			4. DATE OF DEATH Month June Day 2 Year 1958		
5. SEX male	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 April 1, 1911		9. AGE (In years last birthday) 47
IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel Director		10b. KIND OF BUSINESS OR INDUSTRY Welsh Baby Carriage		11. BIRTHPLACE (City and state or country) Enid, Oklahoma	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank N. Ludlum		13b. MOTHER'S MAIDEN NAME Lillian Underkoffer	
14. NAME OF HUSBAND OR WIFE Doris E. Ludlum		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. 333-07-1489	
17. INFORMANT Mrs. Doris E. Ludlum, 6221 Dardanelle		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary thrombosis		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 420.1		
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 3/13/58 to 6/2/58 and last saw ^{her} him alive on 5/15/58		Death occurred at 1:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Murray Cheney MD		22b. ADDRESS 6223 Natural Budge		22c. DATE SIGNED 6/3/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 4 1958		23c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	
23d. LOCATION (City, town, or county) (State) Kewanee Illinois		24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE REC'D. BY LOCAL REG. JUN 3 '58	
26. REGISTRAR'S SIGNATURE [Signature]					

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 MEDICAL CERTIFICATION

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 *Allen W. Koff*

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Mo*

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.