IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED V6 MAR 3 1960 NDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 498

60-009294
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Crestwood
Length of stay in 1b: 8 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9860 Hwy. 66
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Iowa
b. COUNTY: Dickenson
c. CITY OR TOWN: Milford
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Arnolds Park
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANGELINA Middle: M. Last: LUDWIG

4. DATE OF DEATH Month: Feb. Day: 14 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-30-1884

9. AGE (last birthday): 75

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Lizard Twnshp. Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Rickles

13b. MOTHER'S MAIDEN NAME: Hilke Catherine Weber

14. NAME OF HUSBAND OR WIFE: Theodore M. Ludwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: University City, Mo. Bernard J. Ludwig-6801 Olive St.Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Thrombosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 12, 1960, to Feb 14, 1960 and last saw her/him alive on Feb 12, 1960
Death occurred at 10:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A. Downey, M.D.
22b. ADDRESS: 126 E. Jefferson, Kirkwood, Mo
22c. DATE SIGNED: 2-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: St. Johns Luth. Cem.
23d. LOCATION (City, town, or county) (State): Pochantas County, Iowa

24. FUNERAL DIRECTOR: Pfitzinger Mort.
ADDRESS: Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG.: 2-15-60
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ben E. Hoffman Jr

Licensed Embalmer No. 4366

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.