SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-011189

FILED VS MAR 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1986 STATE FILE NUMBER

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo Baptist Hosp
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4726 Pennsylvania
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle M Last LUDWIG
4. DATE OF DEATH: Month Feb Day 26 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-7-1917
9. AGE (last birthday): 43
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): WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: AMERICAN CAR
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: CHARLES LUDWIG
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Verna Ludwig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.
17. INFORMANT: Verna Ludwig Address: 4726 Pennsylvania

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Gastro intestinal Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) erosion of pancreatic-duodenal artery
DUE TO (c) posterior perforation of duodenal ulcer into pancreas
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): Subdiaphragmatic Abscess
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PEREFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 5411
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 12/22/60 to 2/26/61 and last saw ~~her~~ him alive on 2/26/61
Death occurred at / A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: E W. Davis (Degree or title): MD
22b. ADDRESS: 3720 Washington Ave St Louis Mo
22c. DATE SIGNED: 2/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb 28 1961
23c. NAME OF CEMETERY OR CREMATORY: Walnut Ridge Cem
23d. LOCATION (City, town, or county) (State): Walnut Ridge, Ark.
24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: FEB 27 1961
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

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 Corley Thompson

Licensed Embalmer No. 4861

P. O. Address Clayton 5, 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.