

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009282

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 574

FILED MAR 15 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Decided - mother's wife

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO.		Length of stay in 1b 4 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1127 LOUISVILLE
3. NAME OF DECEASED (Type or print) First OTTO Middle H. Last LUDWIG		4. DATE OF DEATH Month 2 Day 16 Year 1962	
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 9-27-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 67 YRS
13a. FATHER'S NAME OTTO LUDWIG		13b. MOTHER'S MAIDEN NAME ELIZABETH SCHNEIDER	14. NAME OF HUSBAND OR WIFE AVIS LUDWIG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) YES (If yes, give war or dates of service) WW-I		16. SOCIAL SECURITY NO.	17. INFORMANT AVIS LUDWIG 1127 LOUISVILLE ST LOUIS MO
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor, Post Operative			INTERVAL BETWEEN ONSET AND DEATH 3 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 237x			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <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 JEFFERSON BARRACKS
21. <input checked="" type="checkbox"/> attended the deceased from VA 2-12-62 to 2-16-62		Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Earl M. Schellhouse (Degree or title) EARL M. SCHELLHOUSE, M. D.		22b. ADDRESS VAH, JEFF BRKS, 25, MO.	22c. DATE SIGNED 2-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-19-62	23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks National Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, County Missouri
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. 2-17-62	26. REGISTRAR'S SIGNATURE <i>J. C. Amey</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Joseph McCallahan

Licensed Embalmer No. 2760

P. O. Address 6170 Hillman

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.