

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1962

10820-62-044551
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

VS 300 Rev. 4/59
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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH
a. COUNTY **Missouri**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Maternity** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **8528 Colonial Lane** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
SUSAN BEMIS Ludington
4. DATE OF DEATH Month Day Year
11 11 1962

5. SEX **female** 6. COLOR OR RACE **single** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **11-8-1962** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. **3 12 45**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Martin LaMert Ludington** 13b. MOTHER'S MAIDEN NAME **Emily Louise Sheppard** 14. NAME OF HUSBAND OR WIFE **Never Married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **none** 17. INFORMANT Address **Emily Louise Ludington, 8528 Colonial Lane**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **PULMONARY CONGESTION** INTERVAL BETWEEN ONSET AND DEATH **3 days**
DUE TO (b) **HYALINE MEMBRANE DISEASE**
DUE TO (c) **763.0**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Month, Day, Year
a.m. p.m. _____

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 **9:05 AM, 11-8-1962** to **9:50 PM, 11-11-62** and last saw her him alive on **11-11-1952**
Death occurred at **9:50 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James K. [Signature], M.D.** 22b. ADDRESS **Clayton, MO. 101 S. Meramee Ave.** 22c. DATE SIGNED **Nov 12, 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov 13, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **St. Louis 30, Mo. Lupton Chapel, 7233 Delmar Blvd.** 25. DATE REC'D. BY LOCAL REG. **11-13-1962** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE BLACK INK OR TYPEWRITER RIBBON

