

JAN 12 1940

10595

Registration District No. 201

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 1003  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 Days  
 (Specify whether  
 In this community 40 yrs  
 years, months or days)

3. (a) PRINT FULL NAME William Legtmeyer 2353. (b) If veteran, name war No 3. (c) Social Security No. Unknown4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Faith 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased Feb. 15, 1875  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
64 9 26 hr. min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Shipping Clerk11. Industry or business Lithographing Co. 6

12. Name Unknown  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Legtmeyer(b) Address 3932a N. 21st St17. (a) Burial (b) Date thereof 12/13/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial St. Matthews18. (a) Signature of funeral director W. J. McLaughlin(b) Address 2301 Lafayette Avenue19. (a) DEC 11 1939 (b) J. P. Biduch  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 26  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3932a N. 21st St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11,  
year 1939 hour 3:80 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from November  
27, 1939, to December 11, 1939;that I last saw him alive on December 11, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Hypertensive Heart DiseaseDue to Essential Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo. M. Pils (M. D. or other) \_\_\_\_\_Address 1515 Lafayette Date signed 12/11/39

**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.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed, Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address. 2301 Lafayette

**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 this body is not embalmed, above space should be left blank.**