

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9552**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3831 FLAD AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3831 FLAD AV.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Nov** day **20**
year **1940** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Oct. 15**, 19**40**, to **10-20**, 19**40**
that I last saw him alive on **10-17**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Heart Block of Bundle Branch 2-3 w/2
Hyperperfusion**

Duration
2-3 w/2
PHYSICIAN
Underline the cause to which death should be charged statistically.

Due to _____
Due to _____
Other conditions **Pericarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **J. J. Hayden** (M. D. or other) **M.D.**
Address **5899 Delmar** Date signed **11/20/40**

3. (a) PRINT FULL NAME **JESSIE, R. LEGG**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ALICE E. LEGG** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **JULY 19 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIGHT WATCHMAN**
CITY

11. Industry or business _____

12. Name **John W. LEGG**

13. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **CECELIA V. DUFFY**

15. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice E. Legg**
(b) Address **3831 Flad av.**

17. (a) **BURIAL** (b) Date thereof **NOV. 22, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MILLWOOD MO.**
18. (a) Signature of funeral director **W. J. SCHMIDT**
(b) Address **3125 SIAKES YARDE AVE.**
NOV 21 1940
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Josh Bollmer.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.