

Registration District No. 791

Primary Registration District No.

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:
3840 McDonald
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3840 McDonald
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1940 hour 11 minute 05p. M.

21. I hereby certify that I attended the deceased from J.A.W.
....., 1937, to Dec 20, 1940
that I last saw he alive on Dec 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration minutes

Due to Rheumatic Heart disease ?

Due to auricular fibrillation ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy no.

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(a) Means of injury.....

23. Signature J. H. Bredet (M. D. or other) no.
Address 6402 W. Moberly Date signed 12-21-40

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

3. (a) PRINT FULL NAME Gertrude M. Leggio

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Leggio 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 23, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 4 28 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

12. Name Emil Schmitt

13. Birthplace Unknown France
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Fischer

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard E. Schmidt

(b) Address 3281 S. Bustard St.

17. (a) Burial (b) Date thereof 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Walderte

(b) Address 2331 S. Broadway

19. (a) DEC 22 1940 (b) J. H. Bredet
(Date received local registrar) (Registrar's signature)

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.....

Robert Wheeler

Licensed Embalmer No.....

2178

P. O. Address.....

St Louis 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 this body is not embalmed, fact should be so stated above.