

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31937
Registrar's No. 8197

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 907			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1217 Clara Ave.				d. STREET ADDRESS (If rural, give location) 1217 Clara Ave.			
3. NAME OF DECEASED (Type or Print)			a. (First) Louisa Legler			b. (Middle)	
			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 21st, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 22nd, 1861	
						9. AGE (In years) (Last birthday) 87	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME Joseph Spindler			13b. MOTHER'S MAIDEN NAME Theresa Bruckner			14. NAME OF HUSBAND OR WIFE Matthew Legler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lulu Graves 1217 Clara Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arterio sclerosis					
		DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? B31X			
22. I hereby certify that I attended the deceased from Feb 26, 1929 , to Sept 21, 1949 , that I last saw the deceased alive on Sept 21, 1949 , and that death occurred at 4:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arthur B. Ray M.D.			23b. ADDRESS 3720 Washington			23c. DATE SIGNED 9.22.49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/49		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 22 1949		REGISTRAR'S SIGNATURE B. Laertes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger-Voss, Inc. 3402 N. Kingshigh		

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 me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Gay W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

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