

No. 300
10.48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25557

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2935

1. PLACE OF DEATH a. COUNTY ST. LOUIS 4006		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY 4376	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) 7831 DELMAR BLVD.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7831 DELMAR BLVD.			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) L. c. (Last) LEGEAR.			4. DATE OF DEATH (Month) (Day) (Year) July 21 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Dec. 1, 1873.		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Days 7 IF UNDER 24 HRS. Hours 20 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (State or foreign country) Luling, Texas
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME unknown Crenshaw		13b. MOTHER'S MAIDEN NAME Fannie McCallister		14. NAME OF HUSBAND OR WIFE Louis LeGear	
--	--	---	--	---	--

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 Mrs. Abe Van Uithoven- ADDRESS 738 Baker Avenue	
---	--	-------------------------------------	--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Spleen Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 155X				II. 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 Chronic Spleen Heart				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-30**, 1951, to **7-20**, 1951, that I last saw the deceased alive on **7-20**, 1951, and that death occurred at **1:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. LeGear M.D.		23b. ADDRESS 5427 Delmar		23c. DATE SIGNED 7-21-51	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE July 23 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Hubert A. Tomke M.D.		FUNERAL DIRECTOR'S SIGNATURE R. Lupton & Sons ADDRESS 7233 Delmar Blvd.,	
---	--	---	--	--	--

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schene

Licensed Embalmer No. 3864

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.