

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32035

State File No. 3063

FILED SEP 21 1951

Registrar's No. 31519

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 3069

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Page Dale	
c. LENGTH OF STAY (In this place) 15 days		4281	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital		d. STREET ADDRESS (If rural, give location) 6918 Page Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) A.	
c. (Last) LEGG		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 13, 1863.
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Paris, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Arthur E. Legg		13b. MOTHER'S MAIDEN NAME Emeline ?	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	
17. INFORMANT'S SIGNATURE OR NAME Thomas Hanlon		ADDRESS 6918 Page Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Ruptured duodenal ulcer sealed to gall bladder		491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 8-31, 1951, to 9-15, 1951 , that I last saw the deceased alive on 9-14, 1951 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George R. Kietmeyer M.D.		23b. ADDRESS 601 Brentwood	
23c. DATE SIGNED 9-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 17, 1951.	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 9-17-51		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Clark		ADDRESS 1125 Hodiamont Ave.	

Emc

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4198*

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.