

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6808

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 926

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (If this place township) 6 WKS.	c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 5041 a Alabama 21590	
3. NAME OF DECEASED a. (First) Theodore b. (Middle) E. c. (Last) Legler		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1908
9. AGE (In years last birthday) 47		10. UNDER 1 YEAR Days 9	11. UNDER 1 MRS. Hours Min. 22
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Voss Truck Line	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Fred J. Legler	
13b. MOTHER'S MAIDEN NAME Maud James		14. NAME OF HUSBAND OR WIFE Florence Legler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) No		16. SOCIAL SECURITY NO. 342-05-5869	
17. INFORMANT'S SIGNATURE OR NAME Florence Legler		ADDRESS 5041 a Alabama	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gangrenous Perforated Gall Bladder 24 hrs. DUE TO (c) Cholecystitis with Lithiasis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adrenal Insufficiency	
INTERVAL BETWEEN ONSET AND DEATH 1 Mo		?	
19a. DATE OF OPERATION 1-21-56		19b. MAJOR FINDINGS OF OPERATION Perforated Gall Bladder with Peritonitis and Fistula	
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) 5847			
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 Jan 1951, to Jan 26, 1956, that I last saw the deceased alive on 1-26, 1956, and that death occurred at 11:00 P.M. from the causes and on the date stated above.			
23a. SIGNATURE Dr. Schuegel M.D.		23b. ADDRESS 634 No. Grand, St. Louis Mo	
23c. DATE SIGNED 1-27-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 30, 1956	
24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. JAN 28 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		ADDRESS 3013 Meramec St.	

E.P. (Licensed Embalmer's Statement on Reverse Side)

DR. H. O. SCHREPEL

634 No. GRAND

Je. 5-1058

3:00 TO 6:00

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4.....

P. O. Address ... St. fa.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.