FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33777

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8952

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 67 CHRISTIAN HOSP. — Length of stay in Hospital: 1 WEEK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4467 ASHLAND — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First EDNA Middle E. Last LE GEAR

4. DATE OF DEATH: Month SEPT. Day 24, Year 1957

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JUNE 3, 1894 9. AGE (In years last birthday): 63

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: 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: AT HOME
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: CHARLES SPRICH
14. MOTHER'S MAIDEN NAME: EMMA MUEHLING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: EDWARD J. LE GEAR Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hours
Cerebral hemorrhage
Hypertension — Hypertension
Generalized arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — —
Obesity (severe) - Age
DUE TO (c) Obesity (severe) — —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Varicosities - lower extremities — Ulcer rt. leg
Varicosities lower extremities - Ulcer Rt. leg
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1953 to 1957 and last saw her alive on 9/24/57
Death occurred at 6:15 A 6:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jos. E. Cacioppo (Degree or title) Joseph Cacioppo MD
22b. ADDRESS: 3861 St. Louis Ave. 3861-ST. LOUIS AVE 7 Mo
22c. DATE SIGNED: 9/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT 27 1957
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

24. FUNERAL DIRECTOR: STROOT CARROLL ADDRESS: 4600 NATURAL BR.
25. DATE RECD. BY LOCAL REG.: SEP 25 57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

DR VITALE & CASIOPIA
3861 ST. LOUIS AVE.
FR1-4113

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4

P. O. Address St Fou

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.