

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St Louis Registration District No. 784 File No. 24966
 Township St Ferdinand Primary Registration District No. 6030 Registered No. _____
 City (No. 5445) Hodiamont Ave St. _____ Ward)

2. FULL NAME

Henry G. Logeman
 (a) Residence. No. 5445 Hodiamont Ave St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 19 28

17. I HEREBY CERTIFY that I attended the deceased from _____ 19____
 that I last saw _____ alive on _____ 19____, and that
 death occurred, on the date stated above at _____ P.M.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Barrie Logeman
 (OR) WIFE OF _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 - 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>7</u>	<u>2</u>	

CONTRIBUTORY (SECONDARY)

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer General
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo

(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DEATH? Physicial Symptoms

(Signed) Chas P. Maguire, M. D.

(Address) 3903 Lu C

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PARENTS

10. NAME OF FATHER G. Logeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT Barrie Logeman

(Address) 5445 Hodiamont Ave

15. FILED July 22 19 28

O. A. Schueck REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St Paul Church Yard July 25 19 28

20. UNDERTAKER

W. G. Leidner 1417 N. Market

