

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1002

City St. Louis (No. 16 Arundel Place)

File No. 37891
Registered No. 11034
St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St. 5 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>63</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). School Teacher
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER Hugh S Logue

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Ireland
(STATE OR COUNTRY)

14. INFORMANT Geo J Logue
(Address) 16 Arundel Pl

15. FILED NOV 21 1930 Wm E Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-13-30, 19....., to 11-19, 1930, that I last saw ~~her~~ alive on 11/19, 1930 and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Neurosage -
Myocardial - Uremic
(duration) yrs. mos. ds. 28
CONTRIBUTORY (SECONDARY) Myocardial - Uremic
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 909
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS examined
(Signed) David D Slawson, M. D.

11/20, 1930 (Address) 1114 Mo Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chalmers DATE OF BURIAL 11-22 1930

20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 North St

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.

THIS IS A PERMANENT RECORD

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