

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

Do not use this space.

27487

1. PLACE OF DEATH

County..... Registration District No. 61321
Township..... Primary Registration District No. 1513
City St. Louis (No. 3227th Lucas) St. 21 Ward.....

File No.
Registered No. 7294
St. Ward.....

2. FULL NAME Lillie Logan

(a) Residence, No. 3227th Lucas St. 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Col 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) Sept 30 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helms ark 2

MOTHER 13. NAME Sam Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME Ella Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helms ark 2

17. INFORMANT Jimmie Bell
(ADDRESS) Helms ark

18. BURIAL, CREMATION OR REMOVAL PLACE Father's place DATE 8-8-1932

19. UNDERTAKER A. F. (Buddie) Weston
(ADDRESS) 270th St. St. Louis

20. FILED 8-8-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3rd, 1932

I HEREBY CERTIFY, That I attended deceased from July 30, 1932 to Aug 3, 1932

I last saw him alive on Aug 30, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis
92A G. J. W.
Other contributory causes of importance: (1)

(Name of operation) Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Vincent J. Mueller M.D.

(Signed) Vincent J. Mueller M.D.
(Address) 2325 Franklin

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

