

JUN 12 1935

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

Do not use this space.

18147

1. PLACE OF DEATH

County Missouri

Registration District No. 791

Township

Primary Registration District No. 003

City St. Louis

(No. 3103 Lucas Ave)

File No.

Registered No. 4491

St.

Ward

2. FULL NAME Sylvia Logan

(a) Residence, No. 3103 Lucas Ave St., 21 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 Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

App. 73

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

midwife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Arkansas

MOTHER

13. NAME Loy Olson

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Minnie Fogala 3103 Lucas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE May 20 1935

19. UNDERTAKER (ADDRESS) St. H. Grandberry 1127 1/2 Union Ave. Wash. Co.

20. FILED May 20 1935

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J. L. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 17<sup>th</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from March - 14<sup>th</sup>, 1935, to May - 17<sup>th</sup>, 1935

I last saw her alive on May - 17<sup>th</sup>, 1935 Death is said

to have occurred on the date stated above, at 5:45 p.m.

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

Cardiovascular/Renal Disease Date of onset unknown

Other contributory causes of importance: 131

Name of operation clinical Date of 17

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 Working at Johnson

(Signed) Erskine J. Johnson, M. D.

(Address) 3100 a Lucas Ave.

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.

