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.

21539

1. PLACE OF DEATH JUL 14 1936
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

File No. 5817
Registered No. .....

2. FULL NAME Thomas Logan
(a) Residence, No. 5800 Arsenal St. St. Hospital Ward. 13
(Usual place of abode) City Infirmary (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 4-1849
7. AGE: 1849 — YEARS: 87 — MONTHS: 3 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Switchman
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): Illinois

FATHER
13. NAME: John J. Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Martha Birch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New S. S. Peter & Paul DATE June 4-1936 19
19. UNDERTAKER (ADDRESS): J. N. Gebken L & U Co. 2842 Meramec St.
20. FILED JUN 4 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1936
22. I HEREBY CERTIFY, That I attended deceased from December 10, 1936, to May 6, 1936
I last saw him alive on May 6, 1936 Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
A B C	

Other contributory causes of importance:
Chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) C. E. Smith, M. D.
(Address) 5600 Arsenal St. Louis, Mo.