

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.

AUG 28 1936

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

Do not use this space.

28548

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. ....  
Primary Registration District No. ....  
City Hospitak (No. ....)

791  
1003

File No. ....  
Registered No. 7313  
St. .... Ward

2. FULL NAME

Anna Logan

(a) Residence, No. 1408 Hebert Street, 26 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21st, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>77</u>	<u>6</u>	<u>24</u>	

OCCUPATION

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

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) England  
(STATE OR COUNTRY)

FATHER

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Emma Boehm  
(ADDRESS) 1408 Hebert Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Friedens Cem DATE July 18th 1936

19. UNDERTAKER My Lechner and Co  
(ADDRESS) 1417 N. Market St.

20. FILED Jul 16 1936  
19 J. F. Bredek  
Registrar.

*No. 1011 in attendance*  
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/36, 19 .....

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:59 a.m.

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

Heart Stroke

Other contributory causes of importance: 191

Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify.....

(Signed) J. F. Bredek, M.D.  
(Address) Depford

