

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32626

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. 2308 r Franklin Ave. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Francis Logan
 (a) Residence, No. 2308 r Franklin Ave. St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 9

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

13. NAME George Duncan

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Cutters

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

17. INFORMANT George Duncan, Jr. (ADDRESS) 2308 r Franklin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Sept. 16, 1937

19. FUNERAL DIRECTOR Dement & Son (ADDRESS) 2631 Wash St.

20. FILED 186191 19 J. Breck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937 to September 12, 1937
 I last saw her alive on Sept. 12, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Intestinal Hemorrhage Date of onset Sept. 10
Mucous Colitis Aug. 6

Other contributory causes of importance: Terminal Broncho Pneumonia

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.....

(Signed) Russell W. White M. D.

(Address) 2424 N. Sarah St.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykin, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Lonnie Boykin

Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)