

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

4832  
Do not use this space.

1477

## 1. PLACE OF DEATH

Homer G Phillips Hospital

(a) County

Registration District No.

(b) Township

Primary Registration District No.

(c) City St. Louis

(d) Street No. 2601

N Whittier

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 19 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Jim Logwood 230

(a) Residence, No.

917 N Ewing

St.

21

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

M

C

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1874

7. AGE

YEARS

MONTHS

DAYS

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

63

1

8

OCCUPATION

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

Laborer

9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Mississippi

FATHER

13. NAME

Lee Logwood

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

Mississippi

MOTHER

15. MAIDEN NAME

Sally ?

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

Mississippi

17. INFORMANT  
(ADDRESS)

Evelyn Hilliard

2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL  
PLACE

Anatomical Board

DATE Feb 10 1938

19. FUNERAL DIRECTOR  
(ADDRESS)J. A. Green  
2415 E. Franklin

20. FILE

FEB 10 1938

J. Bredbeck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from  
Jan. 19 1938, to Feb. 3 1938

I last saw him alive on Feb. 3 1938. Death is said

to have occurred on the date stated above, at 5:10 a. m.

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

Pulmonary tuberculosis

Date of onset  
1/19/  
38

Other contributory causes of importance:

Name of operation: clinical Date of: NO  
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)

W. L. Lewis, M. D.

(Address)

2601 N Whittier

**STATEMENT BY LICENSED EMBALMER**

I, F. A. Green, Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. A. Green

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed F. A. Green  
Licensed Embalmer No. 2963

**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.)**