

STANDARD CERTIFICATE OF DEATH
1003

State File No.

4937

Registrar's No.

1767

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 1
(b) City or town St Louis
(c) Name of hospital or institution Homer G Phillips
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 3 das
(Specify whether
Unknown
In this community _____
years, months or days)

3. (a) PRINT FULL NAME 251 Isaac Logan8. (b) If veteran, name war unknown

8. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased August 24 1872
(Month) (Day) (Year)8. AGE: Years 67 Months 5 Days 21 If less than one day _____ hr. _____ min.9. Birthplace Lebanon Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Laborer--W.P.A.

11. Industry or business _____

MOTHER FATHER
12. Name Phillip Logan
13. Birthplace unavailable Virginia
(City, town, or county) (State or foreign country)14. Maiden name Abbie Dyson
15. Birthplace Lebanon Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clarence Roberts(b) Address 1357 N. Leffingwell Avenue17. (a) Burial (b) Date thereof 2/21/1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Chas J. Gatta(b) Address 4107 Finney Avenue19. (a) FEB 21 1940 (b) J. B. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 2-1
(If outside city or town limits, write "RURAL")
(d) Street No. 2652(rear) Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1940 hour 10:20 minute _____ A. M.21. I hereby certify that I attended the deceased from
January 12, 1940, to February 15, 1940
that I last saw him alive on February 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pulmonary Embolism 1 hr
No pneumonia
Due to _____
Due to 111a

Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy Pulmonary Embolism
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. C. [Signature] (M. D. or other) _____
Address 2601 N Whittier Date signed _____

FILED MAR 24 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ **James A. Johnson** _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.)

If this body is not embalmed, above space should be left blank.