

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4240**

Registration District No. **784**

Primary Registration District No. **107**

Registrar's No. **256**

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3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution: 116 N. Taylor
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Hugh Logan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma G. Logan

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 1, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>30</u>	hr. _____ min.

9. Birthplace Versailles, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER

12. Name Jonathan Logan

13. Birthplace Mo.
(State or foreign country)

14. Maiden name Mary Wright

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Logan

(b) Address 116 N. Taylor

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2-3-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) FEB - 3 1941
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 116 N. Taylor
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from _____, 1941 to June 31, 1941; that I last saw him alive on June 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to Arterio Sclerosis

Due to Arterio Sclerosis

Other conditions: since 1929
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy None

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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 2-31-41

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address..... Maplewood

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4240

State File No. 424D

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registrar's No. 256

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Hugh Logan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Jan day 31 - 41
year _____ hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				hr. _____ min.

Immediate cause of death:
Myocardial Infarct -
Arterio sclerosis
Due to _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

Date of death: 1929
Hemiplegia Lt.
Secondary to cerebral
Other conditions: _____
(Include pregnancy within 3 months of death)
hemorrhage in

10. Usual occupation _____

Major findings:
Of operations: 1929
Of autopsy: 43 N.
Duration: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER {
12. Name _____
13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____ (State or foreign country)
15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

(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?
_____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director _____
(b) Address _____

23. Signature A. Nichols (M. D. or other) _____
Address 110 1/2 N. Main Date signed _____

19. (a) 256 (b) _____
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

3-4240