

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33261
Registrar's No. 8216

Registration District No. 1791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Hospital
(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)

3. (a) PRINT FULL NAME CAROLINE SUE LOGSDON

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (e) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 23 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X 7 21 hr. min.

9. Birthplace Salem Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Wilbur Logsdon

13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Willa Belle Richie

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

16. (a) Informant Wilbur Logsdon

(b) Address Salem, Ill.

17. (a) Removal (b) Date thereof 10/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 15 1941 (b) J. F. Brudick
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11
(c) City or town Salem (If outside city or town limits, write "RURAL") 2 N
(d) Street No. Route # 3 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 41 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from 9-6 1941
to 10-14 1941
that I last saw her alive on 10-14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
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 R. P. [Signature] (M. D. or other) _____

Address 512 So. King, St. Louis Date signed _____

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

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.....

Gay W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.