No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36131

Registration District No. 84

Primary Registration District No. 200

Registrar's No. 2158

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 10/22/41 (Specify whether
In this community Since 10/22/41.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 56

(c) City or town LaGrange 2
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country - /

3. (a) PRINT FULL NAME John J. Logan

3. (b) If veteran, name war World

3. (c) Social Security No. 486-16-7762

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Clara May

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

7. Birth date of deceased April (Month) 26, (Day) 1895 (Year)

8. AGE: Years 46 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant [signature]
(b) Address Actg. Cl.Clerk, VAF, Jeff.Bks.,Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation LaGrange, Missouri

18. (a) Signature of funeral director C Hoffmeister h.z.Q.
(b) Address 7814 S. Broadway

19. (a) OCT 23 1941 (Date received local registrar) (b) E G McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd, year 1941 hour 7:35 minute a. M.

21. I hereby certify that I attended the deceased from October 22, 1941 to October 23, 1941; that I last saw him alive on October 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease, cardiac enlargement, mitral and aortic	
Due to valve damage, myocardial damage, auricular fibrillation and	
Due to myocardial insufficiency.	Unknown
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy No autopsy.

92d

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) no
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer. Date signed 10/23/41

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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

If this body is not embalmed, fact should be so stated above.