

FILED APR 13 1942 91

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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:  
6945 Hillsland  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town Ozark  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 6945  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1942 hour 11 minute 01 A.M.

21. I hereby certify that I attended the deceased from  
11/21/42 19... to 3/22/42 19...  
that I last saw her alive on 3/21/42 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Metastatic Carcinoma of Liver  
Ascites  
Due to Carcinoma of Rt. Breast - 4 yrs

Due to 50  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinoma Right Breast  
Of autopsy None  
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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Paul C. Grace (M. D. or other) \_\_\_\_\_  
Address 3702 Travis Date signed 3/22/42

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

3. (a) PRINT FULL NAME Gertie E. Logan  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Malcomb Logan 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 23rd, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 2 29 hr. min.

9. Birthplace Verona Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Porter Wilkes

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

14. Maiden name Unknown

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

16. (a) Informant Fred Meier

(b) Address 6945 Hillsland Ave

17. (a) Removal (b) Date thereof 3/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Missouri

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) MAR 23 1942 (Date received local registrar)  
J. F. Bredek (Registrar's signature)

**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.....

*Tom Szymanski*

Registered Apprentice No. *296*

working under my personal supervision.

Signed *Edward H. Bookhout*

Licensed Embalmer No. *2502*

P. O. Address *Clayton 240*

**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.**