

FILED JUN 13 1944

Primary Registration District No. 6076

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7701 Florissant Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Hugh B. Logan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Fern Logan 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 21st, 1881  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 10 If less than one day \_\_\_\_\_  
hr. min.

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

10. Usual occupation Chiropractic Doctor

11. Industry or business Chiropractic

MOTHER FATHER { 12. Name Martin Logan

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

14. Maiden name Don't know

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

16. (a) Informant Fern Logan

(b) Address 7701 Florissant Rd.

17. (a) Cremation (b) Date thereof 6-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director. Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 3-1944 (b) E. J. Mc Gowan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7701 Florissant Rd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st, year 1944 hour 10.00 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from May 26, 1944 to May 31, 1944; that I last saw him alive on May 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_ 930

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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) \_\_\_\_\_ (Specify type of place)

23. Signature R. G. Schuyler (M. D. or other) Dr.

Address 7701 Florissant Rd Date signed 6-2-44

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

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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 me

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

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

**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.**