S. No. 2
M—8-43
. 5-17-39
I X37823

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

#35985

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36128

State File No.

Registration District No. 318 Primary Registration District No. 1000 Registrar's No. 9941

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State SMissouri (b) County 020 17 9 23

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2734 S. 7th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oscar Logan

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bessie Logan

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October (Month) 15 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	1	6	hr. min.

9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name James Logan
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Clara Ledbetter
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Bessie Logan
(b) Address 2734 S. 7th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation LaBelle, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) NOV 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
year 1944 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from 11/19/44
, 19 , to Nov. 21st , 1944;
that I last saw him alive on Nov. 21st , 1944
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to malignant hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused

Duration

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 M. D. Levy Jr. (M. D. or other)
Address 1515 Lafayette Date signed 11/21/44

(Licensed Embalmer's Statement on Reverse Side)

994-1

994-1

DEC 22 1944

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 Albert H Hoppe

Licensed Embalmer No. 1861

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.