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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15341

FILED JUN 9 1945

318

Registration District No.

Primary Registration District No.

1005

Registrar's No.

4736

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

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 Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Harold Logan

3. (b) If veteran, name war ZXX
3. (c) Social Security No. XX

4. Sex Male, 9
5. Color or race col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 20th 1944.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
XXX 6 7 _____ hr. _____ min.

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

10. Usual occupation none Infant.

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin B. Logan,
13. Birthplace Cyprus, Alabama.
14. Maiden name Eddie Mae Williams,
15. Birthplace Alabama,
(City, town, or county) (State or foreign country)

16. (a) Informant B. B. Logan
(b) Address 4326a Labadie

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 5/29/45.
(Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cemetery

18. (a) Signature of funeral director Mae Vasser
(b) Address 2812 Cass, Ave, St Louis, Mo.

19. (a) MAY 29 1945
(Date received local registrar) (b) J. F. Breusch
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 6
(d) Street No. 4326a Labadie
(If rural, give location) 10
(e) Citizen of foreign country? 0 (No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27,
year 1945 hour _____ 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 25,
1945 to May 27, 1945.
that I last saw h. im alive on May 27, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia - Primary Duration 7 days

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause of death which 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? _____

23. Signature L. E. Courtney (Specify type of place) (e) Means of injury 0
Address 2601 N. Whittier St. Date signed 5-28-45

- 9741

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.....

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

Signed.....*Al Houston, Jr.*.....

Licensed Embalmer No. *2266*.....

P. O. Address. *2812, Pines*.....

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.