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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18156

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1047

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Stone Nursing Home 4
(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: 006

(a) State Mo (b) County 17

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4906 Itaaka St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mayme Logan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wilson G

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased May (Month) 16 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	11	12	hr. min.

9. Birthplace Jackson (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Henry Killin
13. Birthplace Jackson (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cornelia Adams
15. Birthplace Jackson (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Harry Mc Bee

(b) Address 415 Somerset Web Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 45 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) MAY 2 1945 (Date received local registrar) (b) Eg Lavron, MD BY (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 28
year 1945 hour 10.15 AM minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw her alive on April 22 , 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death broncho-pneumonia arterio-sclerosis, hypertension inanition

Due to 107

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 [signature] (M. D. or other)

Address 625 University Club Bldg. Date signed 4/30/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Malone Stroud
Unc Club

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.