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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25043

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1871

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Berliner Nursing Home 10460 Thorpe Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 year (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5218 Raymond Avenue. 9 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Virginia W. Logan.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife William W. Logan.

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased January 28, 1857. (Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Lynchburg, (City, town, or county) Virginia. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Septemus L. Williams.
13. Birthplace Lynchburg, (City, town, or county) Virginia. (State or foreign country)

MOTHER
14. Maiden name Sarah F. White.
15. Birthplace Lynchburg, (City, town, or county) Virginia. (State or foreign country)

16. (a) Informant Mr. James B. Williams.

(b) Address 6233 Ella Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-1945. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 7-27-45 (Date received local registrar) (b) E. G. McGavran Jr. MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th. year 1945 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1-45 ~~July 24~~, 1945, to July 24, 1945; that I last saw her alive on July 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to Senile Condition	
Due to 107	
Other conditions Senile Cond. (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) No

(b) Date of occurrence ~~No~~

(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 Roy A. Walther (M. D. ~~or other~~)

Address Overland Mo Date signed 7-24-45

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1946

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 Clement McNeary

Licensed Embalmer No. 3738

P. O. Address St. Louis

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.