

FILED DEC 7 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(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 1 Hr. 40 Mins.
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Eddie Logan

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced 3

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

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

7. Birth date of deceased 11 1 45
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. 40 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Eddie Lee Logan

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

14. Maiden name Annie Ferguson

15. Birthplace Greenville Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur M. Sheward, R.D.

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof NOV 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson

(b) Address City Health Dept

19. (a) NOV 29 1945 (b) Dr. J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2231a Lucas
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 3
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1945 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from 11:25 P. M.
11-1, 1945 to 11:05 A.M. 11-2 45
that I last saw him alive on 11-2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to.....

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) (a) Means of injury.....

23. Signature William D. Jones D. J. J. J.
Address 2601 N. Whittier Date signed 11-24-45

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.....

Licensed Embalmer No.....

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.