

FILED 101 3 1948

Registration District No. _____ 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 **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 Minutes**
(Specify whether)
 In this community **about 43 years**
years, months or days)

3. (a) PRINT FULL NAME **Elsie Johnson LOGAN**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Female** **3** **5. Color or** **Negro** **6. (a) Single, widowed, married,** divorced **Married**

6. (b) Name of husband or wife **William** **(c) Age of husband or wife if** alive **49** years
7. Birth date of deceased **April 3d 1900**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	2	17	hr. _____ min.

9. Birthplace **Washington Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Supervisor**

11. Industry or business **Home Laundry**

12. Name **Benjamin Sydnor** **9**

13. Birthplace **Unavailable**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Bramel**

15. Birthplace **Washington Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Poole**

(b) Address **4163 Fairfax Avenue**

17. (a) Burial **(b) Date thereof 6-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107-09 Finney Avenue**

19. (a) JUN 21 1946 **(b) J. F. Bredack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **None**
 (c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4163 Fairfax Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **20th**
 year **1946** hour **11** minute **03 A. M.**
21. I hereby certify that I attended the deceased from **February 20th 1946 to June 20th 1946;**
 that I last saw her alive on **June 20th 1946;**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____	Duration
Bronchial Asthma	5 Mos.

Due to _____	
Mitral Insufficiency	5 Days

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

23. Signature **J. F. Bredack** **(M. D. or other)** _____
(Specify type of place) (e) Means of injury
Address **4322a Easton Ave** **Date signed** _____

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.....

..... Thomas J. Gates, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Thomas J. Gates

Licensed Embalmer No..... #4259

P. O. Address 4107 Finney Avenue

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.