

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Old Folks Home
(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:

(a) State Mo (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 711 S. Kirkwood Rd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Frances Logan

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

4. Sex F / 5. Color of race W
 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Robt H. Logan 6. (c) Age of husband or wife if alive Dec years
 7. Birth date of deceased July 4, 1874.
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 27 = _____ hr. _____ min.
If less than one day

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick McDonough
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Anna King
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Old Folks Home
 (b) Address 711 S. Kirkwood Rd. Kirkwood

17. (a) Burial (b) Date thereof 9/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Centy.

18. (a) Signature of funeral director Lewis H. Bopp, Inc
 (b) Address Kirkwood, Mo.

19. (a) 9-4-46 (b) Paul J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
 year 1946 hour 3 minute 7 P.M.

21. I hereby certify that I attended the deceased from 8/27, 1946, to Aug 31, 1946
 that I last saw ER alive on Aug 31, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 3-4 years
 Due to arteriosclerosis 3-4 years
 Due to senile dementia 1 year

Other conditions Fall & injury 10 days ago
(Include pregnancy within 3 months of death)

Major findings: 2 weeks ago ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 125
 (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) _____
 (or) Means of injury _____
 23. Signature Quentin J. Laine (M. D. or other) _____
 Address 708 Kirkwood Rd. Date signed 9/3/46

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..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address..... *1 Kentwood (23*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Mary J Logar
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased July 4
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

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) accident
(b) Date of occurrence 8-20-46
(c) Where did injury occur? Kirkwood, St Louis mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - (Old folks Home)
While at work? No (Specify type of place) (e) Means of injury Fall
23. Signature _____ (M. D. or other) _____
Address 504 N. Kirkwood Rd, Kirkwood, Mo Date signed 10/11/46

SUPPLEMENTARY

MOTHER FATHER

30

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

31297