S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 6 1948

Registration District No. 31

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2138

Primary Registration District No. 3058

Registrar's No. 29

92
4
3

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 327 Tecumseh St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 92
(c) City or town St. Charles 4
(If outside city or town limits, write "RURAL")
(d) Street No. 327 Tecumseh St. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie C. Logan
3. (b) If veteran, name war ---
3. (c) Social Security No. None

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Robert Logan
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April (Month) 11th (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	9	12	hr. min.

9. Birthplace Troy (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business ---
FATHER
12. Name Henry S. Bragg
13. Birthplace Stanton (City, town, or county) Virginia (State or foreign country) 1
MOTHER
14. Maiden name Sarah Wells
15. Birthplace St. Chas Co. (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Aramentha Thomas
(b) Address 327 Tecumseh St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) 1-31-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1948 hour 10.30 minute 0 M.
21. I hereby certify that I attended the deceased from May-1948
, 19, to Jan-23, 1948
that I last saw her alive on Jan-23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocarditis	8 yrs
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address 200 N. Main St. St. Charles Mo. Date signed 1/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District Number
Date Filed 2/5/48

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 Thos J Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.