

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Luke's Hospital A</b>				d. STREET ADDRESS (If rural, give location) <b>5606 a Chamberlain ave</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johanna</b>			b. (Middle) <b>H.</b>		c. (Last) <b>Logeman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15 1949</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>Dec. 13 1871</b>		
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>2</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. D</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Rudolph Holzhausen</b>			13b. MOTHER'S MAIDEN NAME <b>Mary E. Herder</b>		14. NAME OF HUSBAND OR WIFE <b>Charles A. Logeman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mildred Logeman</b>				ADDRESS <b>Box 264 Kenilworth, Ill</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b> <b>&amp; MYOCARDIAL INFARCTION</b> <b>AND</b> <b>RT. HEMIPARESIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>RT. HEMIPARESIS</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>X</b>				
22. I hereby certify that I attended the deceased from <b>3 Nov, 1949</b> , to <b>15 Nov, 1949</b> , that I last saw the deceased alive on <b>14 Nov, 1949</b> , and that death occurred at <b>7:15 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE* <b>Warner M. Lorenz</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>16 Nov '49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov. 18, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 17 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Basater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Krow Ball Co</b>		ADDRESS <b>2707 N. Grand Blvd</b>		

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Stanley H. Dixon*

Licensed Embalmer No. *4119-3*

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.