

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36602

State File No.

OCT 21 1952

BIRTH NO. 72357 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9343

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
ST. LOUIS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS

d. STREET ADDRESS (If rural, give location)
21 2722 1/2 LAWTON AVE.

3. NAME OF DECEASED
a. (First) MOSES b. (Middle) VESTER c. (Last) LOGGINS

4. DATE OF DEATH
(Month) (Day) (Year)
OCT 5 1952

5. SEX
M

6. COLOR OR RACE
C

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
CHILD

8. DATE OF BIRTH
SEPT 26-52

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins.
0 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
C

10b. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (State or foreign country)
ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY?
MO

13a. FATHER'S NAME
Jimmie Loggins

13b. MOTHER'S MAIDEN NAME
Barber Morris

14. NAME OF HUSBAND OR WIFE
-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Barber Jean Loggins 2722 1/2 Lawton

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation suffered when deceased was suffocated while sleeping with mother in bed of room of home at 2722 1/2 Lawton Ave. about 930 am on Oct 5 1952
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) while sleeping with mother in bed of room of home at 2722 1/2 Lawton Ave. about 930 am on Oct 5 1952
DUE TO (c) same at 2722 1/2 Lawton Ave. about 930 am on Oct 5 1952
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Accident

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St Louis MO MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
Oct 5 5:52 9³⁰ m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
E9240

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1100A m., from the causes and on the date stated above. 18

23a. SIGNATURE (Degree or title)
Patrick E. Taylor Coroner

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

24b. DATE
10-10-52

24c. NAME OF CEMETERY OR CREMATORY
GREENWOOD

24d. LOCATION (City, town, or county) (State)
WELLSFORD MO.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
OCT 9 1952

REGISTRAR'S SIGNATURE
J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. F. Walter 2707 Skidmore

5.02 (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. F. A. Walton*

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.