

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44948**
Registrar's No. **11980**

FILED **JAN 26 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY St. Louis Mo		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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillip, s Hospital		d. STREET ADDRESS (If rural, give location) 4317 Cozen Ave	
3. NAME OF DECEASED a. (First) Lewis		b. (Middle) Waldon	
c. (Last) Logan		4. DATE OF DEATH (Month) (Day) (Year) December 24 1952	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 1899
9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Labor	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? Yes
13a. FATHER'S NAME Lucian Logan		13b. MOTHER'S MAIDEN NAME Hannah Johnson	
14. NAME OF HUSBAND OR WIFE Mrs Pearl Maupin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Pearl Maupin 4461 Kennerly Ave	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull; Subdural Hemorrhage ANTECEDENT CAUSES suffered when struck by unknown truck driven by unknown driver in front of about 4326 Easton Ave about 6:00 pm DUE TO (b) Dec 24 1952 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hemorrhage	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Hemorrhage	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 24 52 6p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR E8120			
22. I hereby certify that I attended the deceased from 1952 , to 1952 , that I last saw the deceased alive on 1952 , and that death occurred at 8:55 p.m. , from the causes and on the date stated above. 25			
23a. SIGNATURE Patrick E Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12 29 52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/31/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Smith 4247/w Labadie Ave	
DATE REC'D BY LOCAL REG. DEC 29 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Lawrence E. Keenan*

Licensed Embalmer No. *4371*

P. O. Address *St. Louis, Mo*

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.