

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11914

State File No.

FILED MAR 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2677

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

| | | | |
|---|---|---|--|
| 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 town) ST. LOUIS | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION FAITH HOSPITAL | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, 2109 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) c. (Last) LOGAN | | 4. DATE OF DEATH (Month) (Day) (Year) 3/9/53 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH 5/23/1866 |
| 9. AGE (In years last birthday) 86 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME PATRICK LOGAN | |
| 13b. MOTHER'S MAIDEN NAME CATHERINE BUCKLEY | | 14. NAME OF HUSBAND OR WIFE JAMES A. LOGAN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT'S SIGNATURE OR NAME MRS. RUTH WILL | | ADDRESS 4451 LEE AVE | |
| 18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c) <i>Terminal Pneumonia</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Terminal Pneumonia</i> | |
| *This does not mean the mode of dying such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death. | | INTERVAL BETWEEN ONSET AND DEATH <i>one day</i> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>fracture right hip</i> | | 1 week | |
| OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <i>sensibility</i> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT GUTCHIE HOMEHIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Louis | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO | | 21d. TIME OF INJURY March 4, 1953 | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Slipped & fell to floor at home E 9030 | |
| 22. I hereby certify that I attended the deceased from March 4, 1953, to March 9, 1953, that I last saw the deceased alive on March 9, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above. 20 | | | |
| 23a. SIGNATURE <i>J. Aspelite M.D.</i> | | 23b. ADDRESS 3718 Grand | |
| 23c. DATE SIGNED 3-10-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 3/11/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI | |
| DATE REC'D BY LOCAL REG. MAR 10 1953 | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Strook</i> | |
| REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | | ADDRESS STROOK - CARROLL 1600 NATURAL BRIDGE AVE | |

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

Albert Mansfield

Licensed Embalmer No. *3077*

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.