

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15940

State File No. _____
Registrar's No. 3988

FILED MAY 14 1953
BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

7
646
C

Primary wife left breast.

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 <u>Indiana</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>	c. CITY OR TOWN <u>Princeton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>8130</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Logsdon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 13, 1906</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PRINCETON, IND.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>ROBERT FISHER</u>	13b. MOTHER'S MAIDEN NAME <u>VERONICA WALTERS</u>
14. NAME OF HUSBAND OR WIFE <u>E. J. LOGSDON</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT'S SIGNATURE OR NAME <u>E. J. Logsdon</u>		18. ADDRESS <u>606 Race St. Princeton, Ind.</u>	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinomatosis with hepatic failure</u> ANTECEDENT CAUSES <u>Carcinoma of Breast</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>3/30</u> , 1953, to <u>4/17</u> , 1953, that I last saw the deceased alive on <u>4/17</u> , 1953, and that death occurred at <u>2:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Bradley</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	
23c. DATE SIGNED <u>4/17/53</u>		23d. (Degree or title) <u>M. D.</u>	
24a. DATE REC'D BY LOCAL REG. <u>APR 17 1953</u>		24b. DATE <u>April 17, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>PRINCETON IND.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Kessler</u>		ADDRESS <u>East St. Louis</u>	

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 Paul Embalmer, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Kessly.....

Licensed Embalmer No. 6855.....

P. O. Address St. Louis, Ill......

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.