

FILED AUG 23 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29445

State File No.

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1979

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> (division).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY OR TOWN <u>Overland</u> ⁴²³	
c. LENGTH OF STAY (In this place) <u>19 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. St. Rose Hospital</u>		e. STREET ADDRESS <u>10412 Delvec</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u>		b. (Middle) <u>Logel</u>	
c. (Last) <u>Logel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 1954</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-10-1898</u>	
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Elec. Co</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kelso Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Logel</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Simpher</u>	
14. NAME OF HUSBAND OR WIFE <u>Kathryn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>493-05-1379</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Logel</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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>336 Calvert W Groves</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dilatation of heart due to pulmonary disease of Cor Pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma</u>		<u>Unknown</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis F.A. (active)</u>		<u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2411+A</u>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>26 July, 1954</u> , to <u>14 Aug, 1954</u> , that I last saw the deceased alive on <u>3 August, 1954</u> , and that death occurred at <u>2:08 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John F. McClam M.D.</u>		23b. ADDRESS <u>9101 S. Boulevard</u>	
23c. DATE SIGNED <u>14 Aug 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8/16/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/14/54</u>		REGISTRAR'S SIGNATURE <u>Harold B. Romberg</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm F. Home</u>		ADDRESS <u>9222 Lackland</u>	

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

Student.....
Signature of Student Embalmer

Signed..... *Al C Ostmann*

Licensed Embalmer No. *3478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.