

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35830**

**318**

**1003**

Registrar's No. **9484**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>9484</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 1/2</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>St. Louis City Hosp</b>				STREET ADDRESS (If rural, give location) <b>1127 Armstrong</b>			
3. NAME OF DECEASED (Type or Print) <b>Bertha Lee Logan</b>		a. (First) <b>Bertha</b>		b. (Middle) <b>Lee</b>		c. (Last) <b>Logan</b>	
4. DATE OF DEATH <b>Dec 12 1956</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>June 24 1924</b>		9. AGE (In years, months, days, hours, min.) <b>32</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bookkeeping</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ark</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>UNK</b>		13b. MOTHER'S MARRIED NAME <b>UNK</b>		14. NAME OF HUSBAND OR WIFE <b>UNK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>211</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Kennedy 1127 Armstrong</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Hemopericardium following stab wound</b>  ANTECEDENT CAUSES <b>of the heart suffered when stabbed with ice pick in hands of one Eugene Jones (col.) in room of Hotel at 802 N. Jefferson Ave about 230 AM Oct. 14, 1956</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Homicide E982-x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Homicide E982-x</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>See above</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/14/56 6:30 A.M.</b>	
21e. HOW DID INJURY OCCUR? <b>See above</b>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <b>3:05 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James M. Kelly</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10-17-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>17 Oct 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McNeil</b>		24d. LOCATION (City, town, or county) (State) <b>Ark</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Earl Smith Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Reliable Funeral Hqs 1389 N. Union</b>			

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 *Paul V. Freeman*

Licensed Embalmer No. *4684*  
P. O. Address *4729/dan*

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.