

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031197  
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2025

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|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <u>Clayton</u>                      |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>4170 Pasadena Park</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>County Hospital</u> |  | Length of stay in 1b<br><u>5 DAYS</u>   | d. STREET ADDRESS (If outside, give location)<br><u>40 Sunset Court</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>William JENNINGS Logsdon</u> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>7 - 31 - 58</u> |  |  |  |
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| 5. SEX<br><u>male</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 16, 1896</u> | 9. AGE (In years last birthday)<br><u>61</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Bldg. Material</u> | 11. BIRTHPLACE (City and state or country)<br><u>Owensboro, Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>John W. Logsdon</u> | 13b. MOTHER'S MAIDEN NAME<br><u>KATHERINE Wagner</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Betty GREENWALL</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT<br><u>CLAUDE LOGSDON</u><br>Address<br><u>40 SUNSET COURT</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Septicemia</u>          |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Gangrene - Multiple Abscesses Right Foot</u> |   |
|   | DUE TO (c) <u>Trauma</u>                                   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Pulmonary Edema</u> |  | 19. WAS AUTOPSY PERFORMED?<br>1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Fell down steps + injured right foot</u> |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. <u>7-13-58</u><br>p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>400</u> | 20f. CITY, TOWN, OR LOCATION<br><u>ST. Louis</u> | COUNTY<br><u>St. Louis County</u> | STATE<br><u>Mo.</u> |
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| 21. I attended the deceased from <u>July 27, 1958</u> to <u>July 31, 1958</u> and last saw <sup>her</sup> him alive on <u>July 31, 1958</u><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><u>J. H. Garrison, Jr. M.D.</u><br>(Degree or title) | 22b. ADDRESS<br><u>601 S. Brentwood Bl.</u> | 22c. DATE SIGNED<br><u>8-1-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> | 23b. DATE<br><u>8/4/58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>CALVARY CEMETERY</u> | 23d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS MO.</u> |
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| 24. FUNERAL DIRECTOR<br><u>CULLEN - KELLY</u><br>ADDRESS<br><u>7267 NATURAL BRIDGE</u> | 25. DATE RECD. BY LOCAL REG.<br><u>8-1-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>Herbert R. Combs</u> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

STATEMENT BY LICENSED EMBALMER 3

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 James A. Laimme

Licensed Embalmer No. 4142  
P. O. Address St. Louis

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.