

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029072

FILED VS. JUL 22 1960 317

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2027

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ferguson</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>720 Carson Rd.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Ferguson</u> d. STREET ADDRESS (If outside, give location) <u>720 Carson Rd.</u>											
3. NAME OF DECEASED (Type or print) First <u>Jospeh</u> Middle <u>T.</u> Last <u>Logan</u>				4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1960</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-21-69</u>		9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Police Officer</u>				11. BIRTHPLACE (City and state or country) <u>B elleview, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>			
13a. FATHER'S NAME <u>John F. Logan</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Carter</u>				14. NAME OF HUSBAND OR WIFE <u>Mary B. Logan</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>496-14-3039</u>				17. INFORMANT Address <u>Carleton Logan, Ferguson, Missouri.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Disease</u> DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) <u>myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)											
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION				COUNTY		STATE					
21. I attended the deceased from <u>11/13/58</u> to <u>7/3/60</u> and last saw her <u>6/23/60</u> alive on Death occurred at <u>10:24 7/3/60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>W. W. Wilson M.D.</u>				22b. ADDRESS <u>2359 Chambers St</u>				22c. DATE SIGNED <u>7/5/60</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-6-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>							
24. FUNERAL DIRECTOR ADDRESS <u>White-Mullen Mortuary, Ferguson, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-6-60</u>		26. REGISTRAR'S SIGNATURE <u>June M. H. [Signature]</u>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by self _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St Louis 3

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.