

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-015384
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4188

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 10 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY _____
c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4576 ENRIGHT AVE. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ROSCOE NMN LOGAN APRIL 28 1961

5. SEX MALE 6. COLOR OR RACE COL. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-16-98 9. AGE (last birthday) 62 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEATER 10b. KIND OF BUSINESS OR INDUSTRY AMERICAN CAR FOUNDRY 11. BIRTHPLACE (City and state or country) FULTON, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME AMANDA JONES 14. NAME OF HUSBAND OR WIFE EVA LOGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address EVA LOGAN 4576 ENRIGHT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE STAPHYLOCOCCAL PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
DUE TO (b) ARTERIOSCLEROTIC CEREBRAL VASCULAR DISEASE WITH MULTIPLE CEREBRAL THROMBOSIS YEARS 332x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) _____
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 APRIL 14, 1961 to APRIL 28, 1961 and last saw her/him alive on APRIL 28, 1961
Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. R. BRADLEY, M. D. 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 4/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 5-3-61 23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM. 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.

24. FUNERAL DIRECTOR ADDRESS PETTIS MORTUARY 4181 WASHINGTON 25. DATE RECD. BY LOCAL REG. MAY 2 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.