

76.2
-13-40
17-39
X23159

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **4908**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Logan Wilson**
3. (b) If veteran, name war **rank** 3. (c) Social Security No. **rank**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased **Sept 15 1884**
(Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **26** If less than one day _____
hr. _____ min. _____

9. Birthplace **Sparta Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **mill**
11. Industry or business **unemployed years**

12. Name **George W. Wilson**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Eucetia McLaughlin**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Chambers**
(b) Address **Sparta, Illinois**
17. (a) **Removal** (b) Date thereof **6/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sparta, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**
19. (a) **JUN 13 1941** (b) **J. T. Bredebeck**
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **STO**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **908 N. 13th. St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11**, year **1941** hour **11:15** minute _____ P. M.
21. I hereby certify that I attended the deceased from **June 10, 1941 to June 11, 1941**
that I last saw him alive on **June 11, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of pharynx with metastases to lung and neck**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **metastatic carcinoma in lung and neck**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Edward H. Pyman** (M.D. or other) **6/12/41**
Address **1515 Lafayette Avenue.** Date signed _____

Duration **2 years**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wilfred H. Burnley

Licensed Embalmer No. *4205*

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