

FILED AUG 28 1941
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Power & Phelps 1 West
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community... about 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17-9

(d) Street No. 4356 Kennerly (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FLORENCE LOGAN

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 1941 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** Cal

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown **6. (c) Age of husband or wife if** _____ years

7. Birth date of deceased Sept 15 1865
(Month) (Day) (Year)

Immediate cause of death Chronic Cholecystitis in Pathosis
Cardiac Hypertrophy
Arteriosclerosis

Due to _____

Due to _____

8. AGE: Years 75 Months 10 Days 6
If less than one day: _____ hr. _____ min.

Other conditions 950
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

9. Birthplace Alabama (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation not known

11. Industry or business not known

12. Name not known

13. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____

14. Maiden name not known

15. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____

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) _____ (a) Means of injury _____

16. (a) Informant Mrs. Beulah Bragg

(b) Address 4356 Kennerly Ave

17. (a) Burial (b) Date thereof 7-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wentworth Cen

18. (a) Signature of funeral director W. B. ...

(b) Address 2625 ...

19. (a) JUL 23 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Alfred ... (M. D. or other) 5

Address ... Kennerly Date signed 7/23/41

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 *R. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.