WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28576

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8109

Township ..... Primary Registration District No. 1003 Registered No. 8109

City St. Louis (No. 4116 Gratiot st. St. ..... Ward)

2. FULL NAME Annie J. Long

(a) Residence. No. 4116 Gratiot st. St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Long.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1st 1859

7. AGE: Years 68. Months 4. Days 9. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: At Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Thomas Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary Gibson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Effie Morrison
(Address) 4116 Gratiot st.

15. FILED SEP 12 1927 May C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-10th 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1927 to Sept 10, 1927 that I last saw her alive on Sept 10, 1927, and that death occurred, on the date stated above, at 7.40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteio Schrosser
97
71B 71B (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Anemia (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W Walton Hall, M. D
Sept 12, 1927 (Address) 1625 Town Gr

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park
DATE OF BURIAL: 9-13 1927

20. UNDERTAKER: Kriegshauser N. Co.
ADDRESS: 4104 Manchester av