

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3850 - Bontanical**)

File No. **22261**

Registered No. **6444**

St. Ward)

2. FULL NAME

(a) Residence. No. **3850 - Bontanical** **17** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

Patrick Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 2 - 1855**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Philadelphia**

10. NAME OF FATHER **James Danvers**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

12. MAIDEN NAME OF MOTHER **Mary Quinn**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

14. INFORMANT **William J. Long** (Address) **3850 - Bontanical**

15. FILED **18 1928** **May 6** **Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 16 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 6 1928** to **June 16 1928** that I last saw **her** alive on **June 6 1928**, and that death occurred, on the date stated above, at **3850 - Bontanical** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypocentric Insufficiency (Arterial Sclerosis)

CONTRIBUTORY (SECONDARY) **Senility** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **Starkey** M. D.

6-18, 1928 (Address) **Carlton Bldg**

*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 DATE OF BURIAL

Calvary Cemetery **June 19 1928**

20. UNDERTAKER ADDRESS

Calluriane Bno 1710 2 Grand

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

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

Dr. Deane
Cordoba, N.Y.
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