

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

Do not use this space.

42564

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 11805
St. Ward)

2. FULL NAME

(a) Residence. No. Charles Emmett Long
Crystal City Mo 12 Ward.

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

Crystal City Mo.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Mrs. P. H. Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14 - 1873

7. AGE YEARS MONTHS D's IF LESS than 1 day, hrs. min.
55 | 3 | 20

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

9. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Christine Long

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

12. MAIDEN NAME OF MOTHER Anna Cornelson

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

14. INFORMANT Mrs. B. H. Long
(Address) Crystal City Mo

15. FILED..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-6, 1928 to 12-4, 1928 that I last saw h..... alive on 12-4, 1928, and that death occurred, on the date stated above, at 12:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
236 Myocarditis - e. h. m. i.
238 Cardiac decompensation
23.6 Pulmonary infarction
Cerebral embolism

CONTRIBUTORY (SECONDARY) NO

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.
(Signed) Robert M. Egan, M.D.
(Address) Barnes Hospital

*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 Columbus Ohio DATE OF BURIAL Dec. 6 1928

20. UNDERTAKER Guenter & Vineyard ADDRESS Se. 10 to me

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

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

