MAY 2 1929

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

Do not use this space.

12200

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 118

City Jefferson Barracks, Mo. U.S. Veterans' Hospital, Jefferson Brks, Mo. (Ward)

2. FULL NAME William P. Long.

(a) Residence. No. 3127 Locust Str., St. Louis, Mo. Ward. (Usual place of abode) (If nonresident give city or town and State)

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

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	41	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter

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

(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Shipman (STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Unavailable.

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

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT Nathan Barlow (Address) Nathan Barlow, Clinical Director. U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED 3/21/29, 19 L. C. Obroch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1929, 19, to March 21, 19 29 that I last saw him alive on March 21, 1929 19, and that death occurred, on the date stated above, at 2:30 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia, Terminal.

101 A

99 B

99 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Thrombo-angiitis, obliterans, right leg with Gangrene of toes. (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory findings

(Signed) E. T. Gallagher M. D

, 19 (Address) E. T. Gallagher, Medical Officer. U.S. Veterans' Hospital, Jefferson Barracks, Mo.

*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 Granite City, Ill. — DATE OF BURIAL March 23 19 29

20. UNDERTAKER J. Donnelly — ADDRESS 2039 Wash St.

247

2

31

31

WRITE PLAINLY, WITH UNFADING INK

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