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

Do not use this space.

12423

1. PLACE OF DEATH
County: St Louis
Township:
City: Mo (No. Mo. Pac. Hosp. St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 2944

2. FULL NAME Bert De Long
(a) Residence. No. St., 17 Ward. Hurst, Illinois
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2½ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

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 B. De Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 1874

7. AGE: Years 54 | Months Unknown | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS
10. NAME OF FATHER: Henry De Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Rebecca Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Jerome S Leary
(Address) Mo Pac Hosp

15. FILED ___ 19__ Max C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/7/29

17. I HEREBY CERTIFY, That I attended deceased from 3/4/29, 19__, to 3/7/29, 19__, that I last saw him alive on 3/7/29, 19__, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1) Acute Hemorrhagic Pancreatitis
2) Peritonitis, general.
(duration) yrs. mos. 4½ ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hurst, Ill
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3/4/29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Operation
(Signed) Jerome S Leary, M. D
3/7/, 1929 (Address) Mo Pac Hosp

*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: Malden, Mo
DATE OF BURIAL: 3-8-1929

20. UNDERTAKER: Peetz Bros
ADDRESS: 3029 Laf. Ave.

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.