

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

Do not use this space.

23339

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. City of St. Louis)

File No. 6824  
 Registered No. 6824  
 St. Ward

**2. FULL NAME**

(a) Residence. No. 5600 Arsenal St. Ward 13  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M | **4. COLOR OR RACE** W | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Unknown abt 1862

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
abt. 67 | Unknown

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

**9. BIRTHPLACE** (CITY OR TOWN) St. Louis Mo  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Alexander Long

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

**12. MAIDEN NAME OF MOTHER** Lucinda Bogue

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

**14. INFORMANT** Mrs M E Sanger  
 (Address) 5819 S. Broadway St

**15. FILED** JUN 27 1929  
 REGISTRAR Wm C. Stewart

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 6/26 1929

**17. I HEREBY CERTIFY**, That I attended deceased from 5/10, 1929 to 6/26, 1929 that I last saw him alive on 6/26, 1929 and that death occurred, on the date stated above, at 7:30 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chc. Myocarditis  
at least (duration) yrs. 1 mos. 16 ds.  
**CONTRIBUTORY (SECONDARY)** Senility  
2 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH. 1517 So 39th St  
 DID AN OPERATION PRECEED DEATH. no DATE OF ✓  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Benny Margulies, M.D.  
 6/26, 1929 (Address) 5600 Arsenal St

\*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** St. Matthews **DATE OF BURIAL** 6/28 1929

**20. UNDERTAKER** Wm. Imbruster Sons Co 4234 Manchester

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.

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

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