

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

Do not use this space.

22733

**1. PLACE OF DEATH**

County Jackson Registration District No. 395 File No. ....  
 Township Blue Primary Registration District No. 5354 Registered No. 243  
 City Independence (No. 8607 Independence Road) (If nonresident, give city or town and State)

**2. FULL NAME**

Alfred Jules Longueville  
 (a) Residence No. 8607 Independence Road (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> <u>Married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND OF (OR) WIFE OF <u>Mellie D Longueville</u>				
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>July 23 - 1892</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>38</u>	<b>MONTHS</b> <u>—</u>	<b>DAYS</b> <u>2</u>	<b>IF LESS than 1 day,</b> hrs. or min.

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

**9. BIRTHPLACE (CITY OR TOWN)** San Francisco  
 (STATE OR COUNTRY) California

**10. NAME OF FATHER** Louis Longueville  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Paris  
 (STATE OR COUNTRY) France  
**12. MAIDEN NAME OF MOTHER** Mary Laube  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Belgium  
 (STATE OR COUNTRY)

**14. INFORMANT** O. B. Wallace  
 (Address) 8607 Independence Road

**15. FILED** 7-26-1930 F. R. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** MONTH DAY AND YEAR 7-25 1930  
**17.** I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

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

Stroma of Brain  
53L  
 (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)**  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
**19. DID AN OPERATION PRECEDE DEATH** DATE OF.....  
**20. WAS THERE AN AUTOPSY?** Yes  
**21. WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) [Signature] M. D.

7/27, 1930 (Address) Indep. 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** Woodlawn Indep. Mo. **DATE OF BURIAL** Jul 27 1930  
**20. UNDERTAKER** Ott & Mitchell **ADDRESS** Indep. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state AGE should be stated EXACTLY. PHYSICIANS should state

AUG 26 1930



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Jackson Registration District No. 398 File No. \_\_\_\_\_  
 Township Bene Primary Registration District No. 3-9-54 Registered No. 243  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert Jules Longeville  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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. 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 (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (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)

10. NAME OF FATHER \_\_\_\_\_  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

14. INFORMANT (Address) \_\_\_\_\_

15. FILED Apr 6 1930 F. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Slit thro of brain  
Yes malignant the only  
And we have fore

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.  
 \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address)

\*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 \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER F. L. Cook ADDRESS \_\_\_\_\_

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTER—ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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