

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

Do not use this space.

15958

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis*

Registration District No. **791**  
**1003**  
Primary Registration District No. ....  
(No. *4234 W. Garfield*)

File No. ....  
Registered No. **4430**  
St. .... Ward

**2. FULL NAME**

*Robert Long*  
(a) Residence, No. *4234 W. Garfield* St. *11* Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

*male*      *col*      *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb. 22, 1878*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>53</i>	<i>1</i>	<i>14</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Laborer 237*  
(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) *Mo. 1*

10. NAME OF FATHER *Joe Long*

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

12. MAIDEN NAME OF MOTHER *Lucile Unknown*

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

14. INFORMANT *Beatrice Windom*  
(Address) *4234 W. Garfield Ave.*

15. FILED *Apr 12 1931* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4/5 1931*

17. I HEREBY CERTIFY, That I attended deceased from *about* *Mar 25* 1931, to *Apr 5* 1931, that I last saw him alive on *Apr 3* 1931, and that death occurred, on the date stated above, at *12:20 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic nephritis*

*131*

*according to history*  
*22 weeks & 10 days*  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *General anasarca*  
*under my notice 10 days*  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical symptoms*  
(Signed) *Allen Wilson* M. D.

\*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 *Booker Washington* DATE OF BURIAL *4/17 1931*

20. UNDERTAKER *R. M. C. Green* ADDRESS *3577 Laclade*

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.

