

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

Do not use this space.

26179

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township CARONDALET Primary Registration District No. 6248B
 City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

File No. _____
 Registered No. 264

2. FULL NAME John W. Longhauser.
 (a) Residence, No. 5918 Emma Ave., 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.

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. Ruth Longhauser.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1892		
7. AGE	YEARS 38	MONTHS 6
	DAYS 21	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Cutter.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paris Medicine Co.	
	10. Date deceased last worked at this occupation (month and year) Nov. 1930.	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Missouri.

13. NAME
John Longhauser.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Belleville, Illinois.

15. MAIDEN NAME
Amelia Schnute.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Missouri.

17. INFORMANT (ADDRESS)
C. H. Smith, Clinical Director, Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Sum Set Burial DATE July 18, 1931

19. UNDERTAKER (ADDRESS)
Bingersch Blvd. 2661 Washington Blvd.

20. FILED
July 16 1931 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1931 .19

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, 19____, to July 16, 1931, 19____.
 I last saw h. im alive on July 16, 1931, 19____. Death is said to have occurred on the date stated above, at 1:10 AM.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

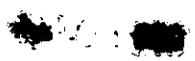
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. C. Gibson, Medical Officer, M. D.
 (Address) George W. S. Hospital, Jefferson Barracks, Mo.

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.

1931-29-1931



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