

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 11417
City..... (No. 1950) Burd Ave. St. Ward)

File No. 41701
Registered No. 10770

2. FULL NAME

(a) Residence, No. 1950 Burd Ave. St. 6 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Angelina Longo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>6</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min. <u>7</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>shoe worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ward Wash Works</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 2 1942</u>	
	11. Total time (years) spent in this occupation <u>35 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
MOTHER	13. NAME <u>John Longo</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	15. MAIDEN NAME <u>Rosa Falsetti</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT (ADDRESS) <u>John J. Longo 1950 Burd Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>12-7-42</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. J. Stewart 1235 W. 19th St.</u>		
20. FILED <u>DEC 5 1942</u> <u>MAJ</u> Registrar		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1942

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 12:27 m.
The principal cause of death and related causes of importance were as follows:
Coronary sclerosis, Chronic Myocarditis and Heart Hypertrophy

Other contributory causes of importance:
920 95 B 94 B 130 17

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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 No Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Yes
(Signed) John J. Longo
(Address) 1950 Burd 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.

THIS IS A PERMANENT RECORD

