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.

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

Do not use this space.

File No. 11412

Registered No. 2479

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5981, Lalite Ave St. ..... Ward)

2. FULL NAME Orlie Long

(a) Residence, No. 5981 Lalite Ave St., 7 Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1888

7. AGE: YEARS 45 | MONTHS 1 | DAYS 0 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

FATHER

13. NAME Sim Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Lydia Gallion

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs. Mildred Wilson 5981 Lalite Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Mar. 15 1933

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Ave.

20. FILED MAR 14 1933 19 Max C. Starkey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1933, to Mar 14, 1933

I last saw him alive on 3-13-, 1933. Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

46E

124 B

Carcinoma of Liver

46B

Date of onset

Other contributory causes of importance:

Cervicis of Liver

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Hermann M.D.

(Address) 2243 N Grand