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.

MAY 13 1935

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

Do not use this space.

14634

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3469

City St Louis (No. 4048 Fairfax Ave. St. ..... Ward)

2. FULL NAME James S. Long

(a) Residence, No. 4048 Fairfax St., 11 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: M
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown 1866

7. AGE: Abt. 69 YEARS | MONTHS: ✓ | DAYS: ✓ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Unk

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

17. INFORMANT (ADDRESS): Julia Long 4048 Fairfax ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE 4-16 1935

19. UNDERTAKER (ADDRESS): A. F. Walton 2707 Stoddard St.

20. FILED APR 16 1935 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1935, to Apr 8, 1935

I last saw him alive on Apr 8, 1935 Death is said to have occurred on the date stated above, at 10 P m.

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

Acute Myocarditis
Caused by Chronic Nephritis
also caused Acute Hepatitis

Other contributory causes of importance:
Hepatitis Acute caused by Chr Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Findings 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? no

If so, specify .....

(Signed) William E Rubenstein, M. D.

(Address) 4069 Easton Av

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100M-11-24-33