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

Do not use this space.

DEC 3 1936

File No. 42950

Registered No. 11523

Registration District No. 791

Primary Registration District No. 1003

**1. PLACE OF DEATH**

County

Township

City St. Louis, Mo. (No. Missouri Baptist Hospital St. Ward)

**2. FULL NAME** Francis Joseph Longmeyer

(a) Residence, No. St., N.R. Ward. Carrollton, Illinois
(Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12th, 1859

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | 2 | 7 | |

OCCUPATION

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

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) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Henry Longmeyer

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

MOTHER

15. MAIDEN NAME Julia Mueller

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

17. INFORMANT Margaret Longmeyer (ADDRESS) Carrollton, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Ill. DATE Nov. 23rd, 1936

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue

20. FILED NOV 20 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to 11-19-, 1936

I last saw him alive on 11-19, 1936. Death is said to have occurred on the date stated above, at 4 o'clock p.m.

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

Cancer Pancreas

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of 11-11-36

What test confirmed diagnosis? Was there an autopsy?

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) J. C. Lytton, M. D.

(Address) Francis & Berry

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.

WRITE PLAINLY, WITH INKING THIS IS A PERMANENT RECORD

Have Dr Syter Sign