

JAN 10 1938

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

43376
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **11626**
(c) City (d) Street No. **Missouri Baptist Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Salvatore Longo

(a) Residence, No. 4603 Enright Ave. St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carmello Longo.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 12, 1863**
7. AGE YEARS **74** MONTHS **1** DAYS **4** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired** 2 1/2
9. Industry or business in which work was done, as saw mill, bank, etc. **Commission Business**
10. Date deceased last worked at this occupation (month and year) **1930** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

FATHER 13. NAME **Tony Longo**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Antonetta Unknown.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT **Mrs. Bartlo Mantia**
(ADDRESS) **4603 Enright Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery,** DATE **Dec. 20, 37**

19. FUNERAL DIRECTOR **Bensief, Niehaus**
(ADDRESS) **1138 No 6th St**

20. FILED **JT Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 11, 1937, to Dec. 16, 1937**
I last saw him alive on **Dec 16, 1937** Death is said to have occurred on the date stated above, at **12.45 P.M.**

The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver
Cardio-Vascular Renal Disease

Other contributory causes of importance:
Abdominal Malignancy?
probably head of pancreas
primary flat

Name of operation **Chol + Lab** Date of **12/16/37**
What test confirmed diagnosis? **Chol + Lab** 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 **R. Nakada**
(Signed) **R. Nakada** M. D.
(Address) **504 S Humboldt**

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.

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DEC 18 1937

reference

STATEMENT BY LICENSED EMBALMER

I, Larry M. Shultz, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Larry M. Shultz

Licensed Embalmer No. 3973

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)