

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

40705
 Do not use this space.

REC'D JAN 11 1939

1. PLACE OF DEATH

(a) County..... Registration District No. 781
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. 928 Maple Place. 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

Blanche Ann Long.
 (a) Residence, No. 928 Maple Place. St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4th, 1885
 7. AGE YEARS 53 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School-teacher.
 9. Industry or business in which work was done, as saw mill, bank, etc. Harrison Grammer School.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Old Mines, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME William Long.
 14. BIRTHPLACE (CITY OR TOWN) Fashington County, (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Mary Parkinson.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Dr J. M. Long. (ADDRESS) 928 Maple Place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Missouri. DATE Dec, 3rd, 1938

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons. (ADDRESS) #7233 Delmar Boulevard.

20. FILED DEC 1 1938 J. P. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to Dec 1 1938
 I last saw her alive on Nov 30 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:
Heart clots (HEART CLOT)
 Date of onset _____

Other contributory causes of importance:
Endocarditis, clv.

Name of operator Scott Lichten Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Joseph M. Gony M. D.
 (Address) 3908 Elm

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Clarence H. Murray

or by _____

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

Signed

Clarence H. Murray

Licensed Embalmer No. *4211*

P. O. Address

St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.