

1933 JAN 11 1939

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

40903  
Do not use this space.

791  
1003

10595

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City..... St. Louis, Mo. (d) Street No. De Paul 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

John Long,  
(a) Residence, No. 1918 St. Louis, Ave. St. 26  
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Long		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2nd, 1869		
7. AGE YEARS 69	MONTHS 0	DAYS 5
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired	
	9. Industry or business in which work was done, as saw mill, bank, etc. Contractor Hauler	
	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) Illinois		
FATHER	13. NAME John Long	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois	
MOTHER	15. MAIDEN NAME Mary Ann Nolan	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France	
17. INFORMANT Mr. John E. Parson, (ADDRESS) 3520 St. Louis Ave.,		
18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Dec. 10th 1938		
19. FUNERAL DIRECTOR (NAME) Henry Leidner Und. (ADDRESS) 1417 N. Market Street.		
20. FILED DEC 9, 1938 J. T. Braddock Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1938

22. I HEREBY CERTIFY, That I attended deceased from  
out 1938 to Dec 7, 1938  
I last saw him alive on Dec 6, 1938 Death is said  
to have occurred on the date stated above, at 12:00 P.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of sigmoid  
Date of onset

Other contributory causes of importance:  
H.C.

Name of operation Colostomy Date of operation Dec 14/38  
What test confirmed diagnosis? Was there an autopsy? Yes

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) Ad. Sewing M. D.  
(Address) 2242 Bohemia

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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No. *1674*

P. O. Address.....

*2223 S. Louis Ave*

**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.**