JAN 1939

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

41587
Do not use this space.

Registered No. 11279

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. .....

(c) City or ..... St. Louis, Mo. (d) Street No. 2516 Belt 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

2. PRINT FULL NAME 526 Anthony F. Longo

(a) Residence, No. 2516 Belt St. 6
(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	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 Rosana Longo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	8	11	

OCCUPATION

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

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

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) Italy ?

FATHER

13. NAME Francesco Longo

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

MOTHER

15. MAIDEN NAME Rosina Sesti

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

17. INFORMANT Mrs. Rose Burke ?
(ADDRESS) 3528 a N. Garrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan. 2 1939

19. FUNERAL DIRECTOR (NAME) P. Miceli & Son
(ADDRESS) 1150 N. Kingshighway

20. FILED ..... 19 ..... J. W. Becker Local Registrar.

DEC 31 1938

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:15 P.M.

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

	Date of onset
Coronary Thrombosis;	
Cirrhosis of Liver.	

Other contributory causes of importance: 124 b

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

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 See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred Sperry M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 UNFADING INK. DO NOT FOLD.

Form I X16605

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. Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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

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