

DEC'D JUL 12 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
20678  
Do not use this space.791  
1008

5522

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. 2  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo (d) Street No. 3742 Finney Ave Registered No. ....  
 (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

 (a) Residence, No. 530 Arthur J. Long St. 11  
3742 Finney Ave  
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1884
 7. AGE YEARS 54 MONTHS 9 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

 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. Teacher  
 10. Date deceased last worked at this occupation (month and year) Nov. 1938 11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ArkFATHER 13. NAME James Henry Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville South CarolinaMOTHER 15. MAIDEN NAME Mattie Buckner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina17. INFORMANT (ADDRESS) Lula M Taylor  
3742 Finney Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Farther Hickson DATE 6-22-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkins Bros  
36444 Finney Ave20. FILED JUN 21 1939 J. F. Buckner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6. 19. 193922. I HEREBY CERTIFY, That I attended deceased from 4. 16. 1939 to 6. 16. 1939, 1939I last saw him alive on 6. 16. 1939 Death is said to have occurred on the date stated above, at 4 a. m.

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

Acute Indigestion Date of onsetOther contributory causes of importance: 123CMalignant disease of Rectum non-cancerous

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

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 William L. Perry M. D.(Signed) W. L. Perry M. D.(Address) 47459 N. Broadway

WRITE PLAINLY, WITH CAPS AND UNDERLINES. 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. I X14028

**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, .....

*Louis V. Atkins*

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

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

Signed.....

*Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney A*

**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.**