DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24260

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 6533

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Hours (Specify whether
In this community 3 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio 2 (b) County

(c) City or town Bonsers Run NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maude Myra DeLong 452

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife King N.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 15, 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	10	hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Nathaniel Wilson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Thornton
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geraldine DeLong
(b) Address 2215 Winchester, Ashland, Ky.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 26, 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Portsmouth, Ohio

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) JUL 26 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1939 hour 7 PM minute M.

21. I hereby certify that I attended the deceased from July 24-39, 19 , to July 25, 1939
that I last saw her alive on July 25, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Apoplexy
Hypertension (Malignant)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Since July 24-39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. L. Twedell, M.D. (M. D. or other)
Address 4143 N Newstead Date signed July 26 39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

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. L. R. Carson

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.