

REG'D SEP 14 1939
Registration District No. 1002

Primary Registration District No. _____

Registrar's No. 6868

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:
Homer Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since June 26, 1939
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Alice Longley 524

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race E 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James Longley 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased August 22, 1903
 (Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER
 { 12. Name John Mitchell
 { 13. Birthplace Arkansas
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Alice Cesar
 { 15. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A Longley
 (b) Address 2319a Carr St.
 17. (a) Burial (b) Date thereof Aug 24 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director Adams Undertaker
 (b) Address 3849 Windsor Pl.
 19. (a) AUG 27 1939 (b) J. B. Bredich
 (Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2319a Carr
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1939 hour 11 minute 55 A. M.21. I hereby certify that I attended the deceased from June 26, 1939
_____, 19____, to Aug. 2, 1939, 19____;
that I last saw her alive on Aug. 2, 1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Chr. pulmonary tuberculosis 16-18
 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 M. J. @ M. J. (M. D. or other)
Address 2319a Carr St. Date signed 8/27/39

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.....

F. A. Green....., Registered Apprentice No.....
working under my personal supervision.

Signed *F. A. Green*.....

Licensed Embalmer No. *2963*.....

P. O. Address *2915 Franklin av*.....

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.