

DECD OCT 14 1939 **791**

Registration District No. _____ Primary Registration District No. _____

Registrar's No. **8166**

1. PLACE OF DEATH: **1003**
(a) County **ST LOUIS**
(b) City or town **ST LOUIS**
(c) Name of hospital or institution: **1233 1/2 N. 9th St**
(d) Length of stay: In hospital or institution _____
In this community **10 yrs**

3. (a) PRINT FULL NAME **Eleck Long**
8. (b) If veteran, name war **None**
8. (c) Social Security No. **NO**

4. Sex **Male**
5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lenz Long**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **March 16 1865**

8. AGE: Years **74** Months **6** Days **0**
If less than one day hr. _____ min. _____

9. Birthplace **Tenn**

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant's own signature **Lenz Long**
(b) Address **1233 1/2 N. 9th St**

17. (a) **Burial** (b) Date thereof **9-28-39**
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Ellis Funeral Home**
(b) Address **2820 Stoddard St**

19. (a) **SEP 22 1939** (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **ST LOUIS**
(d) Street No. **1233 1/2 N. 9th St**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9-15** 1939 day **15** year _____ hour **11** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **August 1st** 1939, to **Sept. 15** 1939, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart block, My pericarditis**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **None**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
28. Signature **J. C. Williams** (M. D. or other) _____
Address **207 E Franklin** Date signed **9-20/39**

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 myself.
....., Registered Apprentice No.

working under my personal supervision.

Signed Lennie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo.

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.