

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.

Registration District No. **721**

Primary Registration District No. _____

Registrar's No. **10252**

1. PLACE OF DEATH: **1003**

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 3824 Lindell Blvd.

(d) Length of stay: In hospital or institution _____

In this community _____

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State Mo. (b) County _____

(c) City or town St. Louis

(d) Street No. 3824 Lindell Blvd.

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

3. (a) PRINT FULL NAME Susan Magoffin Lockett Longan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Rufus E. Longan

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

7. Birth date of deceased July 13, 1874

8. AGE: Years 65 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Mo.

10. Usual occupation At Home

11. Industry or business _____

12. Name Luther James Lockett

13. Birthplace Ky.

14. Maiden name Maria Reese

15. Birthplace Mo.

16. (a) Informant's own signature Catherine Lockett

(b) Address 3824 Lindell Blvd.

17. (a) Burial (b) Date thereof 12-2-1939

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 30 1939 (b) J. B. Bredich

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30

year 1939 hour 6 minute 05 a. M.

21. I hereby certify that I attended the deceased from June 11 1938

Nov 30, 1939, to Nov 30, 1939;

that I last saw her alive on Nov 29, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to arteriosclerosis

Due to _____

Other conditions _____

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? _____

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

While at work? _____ (e) Means of injury _____

23. Signature Arthur J. Donnelly (M. D. or other) _____

Address 515 W. 12th St. St. Louis Date signed Nov 30 39

Duration 1 year

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Linsell Blvd

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.