

No. 2  
11-1057  
5-17-59  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13059

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3261

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: \_\_\_\_\_  
4403 Anderson Avenue 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community Born in U. S. A.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4403 Anderson Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BENJAMIN F. LONG 520

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 4 1851  
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Stationary Engineer

11. Industry or business Retired

12. Name Benjamin Long

13. Birthplace Illinois Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Duff

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bonnie Ritenberg  
(b) Address 4403 Anderson Avenue

17. (a) Burial (b) Date thereof 4/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland, Ill

18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue

19. (a) APR 9 1940 (b) J. J. Braddock  
(Date received for registration) (Signature)

MOTHER, FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7  
year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 7  
1940 to April 7, 1940

that I last saw him alive on April 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Acute myocardial infarction  
caused by chronic myocarditis

Due to Sarinity

Due to \_\_\_\_\_

Other conditions malnutrition  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration  
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) no

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Dr. J. J. Braddock (M. D. or other) M.D.  
Address 4373 Lee Ave. Date signed 4/18/40

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

**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

*Lawrence Hamilton*

Licensed Embalmer No.

*2967*

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.**