

7687
S. No. 2
11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13502

State File No.

FILED MAY 15 1940

3704

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 hrs. 23 mins.
(Specify whether)

In this community 21 hrs. 23 mins.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

Street No. 1526 Farragut St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Longmeyer 525

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased March 25, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 21 hr. 23 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Oliver Longmeyer

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

14. Maiden name Wanda Rankin

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

16. (a) Informant Ann Morrison

(b) Address City Hospital, #1

17. (a) Interment (b) Date thereof 4 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) APR 24 1940 (b) J. J. [Signature]
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25, year 1940 hour 11:23 minute P. M.

21. I hereby certify that I attended the deceased from March 25, 1940 to March 25, 1940 that I last saw him alive on March 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature
cranial injury

Due to _____

Due to _____

Other conditions 10
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature John F. F. [Signature] M. D. or other _____

Address 1515 Lafayette, Date signed 3/28/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.