No. 2
4-13-40
5-17-39
P I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40752

Registration District No. 7911 Primary Registration District No. 1003

Registrar's No. 10523

1. PLACE OF DEATH:

(a) County: 1

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

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

(d) Length of stay: In hospital or institution 18th 18 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

0

(a) State: Mo (b) County:

(c) City or town: StLouis (If outside city or town limits, write "RURAL") 1

(d) Street No.: 3670 West Primm. (If rural, give location)

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

3. (a) PRINT FULL NAME: William Longworth

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Ida Longworth

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

7. Birth date of deceased: (Month) June (Day) 17 (Year) 1866

8. AGE: Years 77 Months 5 Days 4 If less than one day hr. min.

9. Birthplace: South Carolina (City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: none

MOTHER FATHER

12. Name: Andrew Longworth

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

MOTHER

14. Maiden name: Unknown

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

16. (a) Informant: Fred Longworth

(b) Address: 4426 Swan

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Hope Cem.

18. (a) Signature of funeral director: Fendler Und. Co.

(b) Address: 7420 Michigan Ave

19. (a) Date received (Registrar) DEC 23 1940 (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1940 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Chronic Embolitis Kidneys

Due to

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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: Alfred Berry (M. D. or other)

Address: Bayshore Community Date signed 12/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 Rice E Pendle

Licensed Embalmer No. 4148

P. O. Address 744 Jenny

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.