

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5554

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1802

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 2745 Bacon St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Helen C. Longsdon,

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

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

6. (b) Name of husband or wife John W. Longsdon 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased. July 6 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>7</u>	<u>17</u>hr.min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name James Lynch

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

14. Maiden name Emily Cawood

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

16. (a) Informant John W. Longsdon

(b) Address 8034 Frederick St

17. (a) Burial (b) Date thereof 2 - 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blyd.

19. (a) FEB 25 1941 (b) J. A. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 8034 Frederick St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 1941 hour 5. minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 1938 to Feb 23 1941 that I last saw her alive on Feb 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bradley Dysentery Duration 5 mos.

Due to.....
Due to.....

Other conditions Pregnancy 8 mos
(Include pregnancy within 9 months of death)
True baby Jan. 30, 1941

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.....
23. Signature Thos. M. Davis (M. D. or other) M.D.
Address 2424 N. Grand Date signed 2/25/41

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

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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:

Fred Truck

Licensed Embalmer No. 3186

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, fact should be so stated above.