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4-41
7-39
X26390

Registration District No. 791

Primary Registration District No.

Registrar's No.

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: Jewish Hospital
(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 Adelia M. Long

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: William J. Long 6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: July 10th 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 9 hr. min.

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

10. Usual occupation: At Home

11. Industry or business _____

12. Name: John Loablein

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

14. Maiden name: Margaret Ansory

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

16. (a) Informant: Ethel M. Long

(b) Address: 7719 Gissler Ave

17. (a) Burial (b) Date thereof: 10/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Robert J. Ambruster

(b) Address: 6633 Clayton Road

19. (a) 10-21-41 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State: Missouri (b) County: St. Louis
(c) City or town: Richmond Heights
(If outside city or town limits, write "RURAL.")
(d) Street No. 7719 Gissler Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th,
year 1941 hour 12.23 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 7
1941 19____ to 10/19/41 19____;
that I last saw her alive on 10/19/41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Duration 3 days

Due to: Hypertensive Heart Disease with Decompensation

Due to: Generalized arteriosclerosis

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

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? _____
(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: Harold Feleff (M. D. or other) 0

Address: University Club Bldg Date signed: 10/20/41

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

MOTHER FATHER

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..... 1994

P. O. Address..... St. Louis

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.