

FILED FEB 11 1942

Registration District No. 184

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6924 Raymond Ave. /  
(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 William H. Long

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

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

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

7. Birth date of deceased July 2 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Long

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

14. Maiden name Elizabeth Dyke

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

16. (a) Informant Roy Long

(b) Address 6924 Raymond Ave.

17. (a) Burial (b) Date thereof 1-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director T. E. Pitman

(b) Address Wentzville, Mo.

19. (a) JAN 29 1942 (b) W. Mc. Hanson M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6924 Raymond Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1942 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 1<sup>st</sup> to Jan. 26<sup>th</sup> 1942  
that I last saw him alive on Jan. 27<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.

Due to arteriosclerosis 5 yrs.

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

Other conditions Chronic Prostatitis 5 yrs.  
(Include pregnancy within 5 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 H. J. Goffman M.D. (M. D. or other)

Address Pattonville Mo. Date signed Jan. 29, 1942

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

MOTHER FATHER

76  
3  
5

**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

*J. Wm. Binkley*

Licensed Embalmer No. *3653*

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.**