V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19774

State File No. 5770

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3mos. 15dys. (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3909 No. 25th St. (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES LONG
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helena Long
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 8 1858 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	1	26	hr. min.

9. Birthplace Stevenson County, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Helena Long.
(b) Address 3909a N. 25th.St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-42. (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.
18. (a) Signature of funeral director Hy.Leidner Und.Co.
(b) Address 2223 St.Louis Ave.
19. (a) JUL 7 1942 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1942 hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from 3-20-42, 19..., to 7-4-42, 19...; that I last saw him 1m alive on 7-4-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	
Chronic Myocarditis	3-20-42
Due to Bilateral Hydrothorax	3-20-42
Cardiac infarction	3-20-42
Hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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 Stanley J. Yemec M.D. (M. D. or other)
Address 5400 Arsenal St. Date signed 7-5-42

674 (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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.