

REC'D MAR 20 1943  
 Registration District No. .... 318

Primary Registration District No. .... 1003

Registrar's No. .... 2220

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town... St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 12hrs. 45mins  
 (Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...  
 (c) City or town... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2706 Utah St.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Bertha 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... Married  
 6. (b) Name of husband or wife... James G. Long 6. (c) Age of husband or wife if alive... 63 years  
 7. Birth date of deceased... January 15 1891  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 2 1 hr. min.

9. Birthplace... Quincy Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation... At Home

11. Industry or business.....

MOTHER FATHER

12. Name... William Brown  
 13. Birthplace... Unknown Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name... Unknown  
 15. Birthplace... Unknown Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant... James G. Long  
 (b) Address... 2706 Utah St.  
 17. (a) Burial (b) Date thereof... 3-9-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation... Oak Grove Cemetery

18. (a) Signature of funeral director... Cullinane Bros.  
 (b) Address... 1710 N. Grand Blvd.

19. (a) MAK 8 1943 (b) J. F. Budeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6, year 1943 hour 2:50 minute Am.  
 21. I hereby certify that I attended the deceased from March 5, 1943 to March 6, 1943; that I last saw her alive on March 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death... arteriosclerotic heart disease

Due to... Diabetes mellitus

Due to.....

Other conditions... (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy... as above

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... Car

23. Signature... Drew Peterson (Date of other) 3/6/43  
 Address... 1515 Lafayette Ave. Date signed.....

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

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

DATE OF DEATH  
PLACE OF DEATH  
CITY OF DEATH  
COUNTY OF DEATH  
STATE OF DEATH

TO BE FILLED IN BY THE EMBALMER

**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.**