

FILED MAR 30 1943

Registration District No.

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:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL") 9 11  
(d) Street No. 4019a Cote Brilliante Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Katherine Long

3. (b) If veteran, name war No. 3. (c) Social Security No.

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

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

7. Birth date of deceased April 17 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 11 4 hr. min.

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

10. Usual occupation Candy Maker

11. Industry or business Retired

12. Name Fred. Long

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

14. Maiden name Margaret James

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

16. (a) Informant Miss Hattie Long  
(b) Address 4019a Cote Brilliante Ave.

17. (a) Burial (b) Date thereof 3-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 N. Union Blvd.

19. (a) MAR 22 1943 (b) J. F. Prosser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st.  
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan-15- 1943 to MAR-21- 1943  
that I last saw h. l. alive on mar-20- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder, Urinary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma bladder

Duration

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 J. H. Hall (M. D. or other)  
Address 4903 Delwood Date signed 3/29/43

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

MOTHER FATHER

#10

1-4  
Russell Bly  
No. 147

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**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.**