

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 951

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Koch, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Koch Hosp. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-24-26 to 11-16-32
7-4-41 to 4-12-43
 In this community 28 3/4 years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County —
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1033 Central
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME Willa C. Long

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Divorced
 6. (b) Name of husband or wife Mose Long 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Dec. 14 1894
 (Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation manuscript

11. Industry or business

12. Name James Owen
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Jeans
 15. Birthplace MO
 (City, town, or county) (State or foreign country)

16. (a) Informant R. A. Owens
 (b) Address 5740 Arnold Ter. Jennings, Mo
 17. (a) Burial (b) Date thereof 4-22-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Winfield Mo.

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address 1905 Union Blvd.

19. (a) APR 21 1943 (b) C. M. Dever
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
 year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-4, 1941, to 4-19, 1943
 that I last saw her alive on 4-19-, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm the Duration 17 1/2?

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 138-1
 Of operations _____
 Of autopsy confirmed 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 2
 Signature Edward J. Kimball (M. D. or other) _____
 Address Koch Mo Date signed 4/19/43

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

9600

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..... *Albert R. Thompson Jr*
.....
Licensed Embalmer No. *4237*
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.