

SEP 3 1948

318

Registration District No. \_\_\_\_\_

1003

Registrar's No. 7690

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Faith Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6-days  
In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9/19  
(d) Street No. 4010a McPherson Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Santo Alfonso Longo

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

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced W. I.

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

7. Birth date of deceased Unk. Unk. 1885  
(Month) (Day) (Year)

8. AGE: Years 18 Months 58 Days Unk. If less than one day Unk. hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Sample Case Mfr.

11. Industry or business Joseph Longo

12. Name Joseph Longo

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

14. Maiden name Rosina Sesti

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

16. (a) Informant Miss Rose Marie Longo

(b) Address 4010a McPherson Ave.

17. (a) Burial (b) Date thereof 8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SAVO (b) SAVO  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th.  
year 1948 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from Aug 24  
1948 to Aug. 26 1948  
that I last saw him alive on August 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic abscess Duration \_\_\_\_\_

Due to chronic biliary colic,

colicis

Due to biliary colic

Other conditions chronic pulmonary tu  
(Include pregnancy within 3 months of death) berculosis

Major findings: Pul. Tuberculosis

Of operations \_\_\_\_\_

Of autopsy Hepatic abscess

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 \_\_\_\_\_

Signature A. Spizziri (M. D. or other) \_\_\_\_\_

Address 1900 Bell Date signed 8-26-48

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1900 Bell Street 1 pm  
7-9 pm  
509200  
6262

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.