

U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED SEP 4 1943
Registration District No. 317

Primary Registration District No. 4467

Registrar's No. 1973

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town VALLEY PARK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
108 Pittypa Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Valley Park, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Pittypa Hill
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD LONG

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 30th
year 1943 hour 8 minute _____ P.M.

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

21. I hereby certify that I attended the deceased from Aug 14th 1943 to Aug 29 1943
that I last saw him alive on Aug 29 1943
and that death occurred on the date and hour stated above.

4. Sex Male 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 Feb. 17 - 1942
(Month) (Day) (Year)

Immediate cause of death Typhoid Fever Duration 15 days

8. AGE: Years 1 Months 6 Days 13 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation nil

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Dorville Long
13. Birthplace Bradford, Ark
(City, town, or county) (State or foreign country)
14. Maiden name Fuby Fyler
15. Birthplace Clover, Ark
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Dorville Long
(b) Address Valley Park, Mo
17. (a) Renovated (Burial, cremation, reburial) (b) Date thereof Aug. 31 43
(Month) (Day) (Year)
(c) Place: burial or _____
18. (a) Signature of funeral director Newport Funeral Home
(b) Address Newport, Arkansas
19. (a) AUG 31 1943 (Date received local registrar) (Registrar's signature) _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. M. Cunningham (M. D. or other) DO
Address Valley Park, Mo Date signed 8-30-43

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

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.....

Frank Prokoff.....; Registered Apprentice No. *339*
working under my personal supervision.

Signed *William R. Herons*.....

Licensed Embalmer No. *4319*.....

P. O. Address *485 Washington*.....

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.