

S. No. 2
M-2-43
5-17-39
I X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35750

State File No. _____

Registrar's No. 2480

FILED NOV 13 1943

Registration District No. 317

Primary Registration District No. 3064

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
233 Tiffin Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 233 Tiffin Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha I. Long

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John William Long

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

7. Birth date of deceased 1845 Dec. 17
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
97	10	18	hr. _____ min.

9. Birthplace Portage Desioux Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER {

12. Name Samuel Gaiter

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

14. Maiden name Catherine Hibbler

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

16. (a) Informant Mrs. Eubenia Slater

(b) Address 233 Tiffin Ave. Ferguson

17. (a) Burial (b) Date thereof 11/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director J. M. White

(b) Address Ferguson, Missouri

19. (a) NOV 9 - 1943 (b) E. J. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1943, to Nov 5, 1943
that I last saw her alive on Nov 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Mitral Insufficiency</u>	<u>3 yrs.</u>
Due to <u>General Debility</u>	
Due to <u>Senility</u>	
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 92b

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 C. P. Schmidt (M.D. or other) _____
Address 120 S. Flourant Date signed 11/4/43

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.....

L. M. White

Licensed Embalmer No. *3973*

P. O. Address *Harrison, 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.