No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 625

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 544

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: 1228 N. 15th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Mo. (b) County

(c) City or town St Louis 725
(If outside city or town limits, write "RURAL")

(d) Street No. 1228 N. 15th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LENA LONG

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb (Month) 15 (Day) 1892 (Year)

8. AGE: Years 51 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Oxford (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laundress

11. Industry or business —

FATHER
12. Name Unknown ?
13. Birthplace Unknown (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Mealie Goseby
15. Birthplace Unknown (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Lear Robinson
(b) Address 2803 Gamble St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) JAN 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1944 hour minute 4 p. M.

21. I hereby certify that I attended the deceased from Jan 9th 1944 to Jan 15th 1944
that I last saw her alive on Jan 15th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death ~~acute myocarditis~~

Due to ~~Ch. myocarditis~~

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)
Address 823 N. 16th St Date signed 1/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 L Boyk

....., Registered Apprentice No. Myself

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.