

No. 2
1-5-43
5-17-39
I X36671

State File No. _____
Registrar's No. 832

FILED FEB 1 1944 318
Registration District No. _____

Primary Registration District No. 1003

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

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:
5644 BARTMER 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 50 YEARS
years, months or days)

3. (a) PRINT FULL NAME THEKLA LONG
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JOSEPH J. LONG 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased APRIL 22 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 4 hr. min.

9. Birthplace DONT KNOW ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

12. Name HENRY SURMEYER

13. Birthplace DONT KNOW GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CRESCENTIA METZGER

15. Birthplace DONT KNOW GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE R. LONG

(b) Address 5644 BARTMER AVE

17. (a) BURIAL (b) Date thereof 1-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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

(b) Address 3840 Lindell Blvd

19. (a) JAN 27 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5644 BARTMER AVE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 26
year 1944 hour 4 minute 15A. M.

21. I hereby certify that I attended the deceased from June 19 to Jan 26 1944
that I last saw her alive on Jan 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis -
hypertension 374
Duration

Due to.....
Due to.....

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....
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) (c) Means of injury.....

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 1/26

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. VanMatre*.....
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.