

FILED JUN 23 1944 18

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5361**

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:
Residence: 1824 Oregon Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1** (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Oliver N. Long.**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **497-20-0202**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **DIVORCE**

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

7. Birth date of deceased **DECEMBER 19 1907**
(Month) (Day) (Year)

8. AGE: Years **36** Months **5** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **WATERTOWN NEW YORK**
(City, town, or county) (State or foreign country)

10. Usual occupation **WELDER**

11. Industry or business **Central Mines Equipment Co.**

12. Name **OLIVER LONG**

13. Birthplace **NEW YORK**
(City, town, or county) (State or foreign country)

14. Maiden name **LILLIAN NICKEN**

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

16. (a) Informant **EMERSON LONG**
 (b) Address **122 WEST RIPA - LENAY MO.**

17. (a) **BURIAL** (b) Date thereof **6/14/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEMETERY**

18. (a) Signature of funeral director **C.R. Lupton & Sons**
 (b) Address **7233 Delmar Blvd.**

19. (a) **JUN 13 1944** (b) **J. F. Bredech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")
 (d) Street No. **1824 Oregon Ave.** (If rural, give location)
 (e) Citizen of foreign country? **NO.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12th**
 year **1944** hour **11** :00 minute **AM** M.

21. I hereby certify that I attended the deceased from **April 11 1944** to **June 12 1944**
 that I last saw him alive on **June 12 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism** Duration **1 day**

Due to **Ch. Myocarditis**

Due to **Ch. Myocarditis, Myocarditis, Hypertrophic Cardiac Disease, 1941**

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

Major findings: Of operations **none / JH**

Of autopsy **none**

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) **no**

(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 **J. F. Bredech** (M. D. or other) **med**
 Address **2767 Quince** Date signed **6-13-44**

2767
PRO-0310
1 to 50 m.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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

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