

FILED JUN 30 1944  
Registration District No. 3

Primary Registration District No. 1003

Registrar's No. 5672

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bethesda Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hrs. (Specify whether  
In this community \_\_\_\_\_ years; months or days) 0

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1617  
(d) Street No. 3819 1/2 Potomac (If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6<sup>th</sup> day 23  
year 1944 hour 9 minute — AM.  
21. I hereby certify that I attended the deceased from June 23  
1944, to June 23, 1944;  
that I last saw him alive on June 23, 1944;  
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 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased June 23 44  
(Month) (Day) (Year)

Immediate cause of death Respiratory failure Duration \_\_\_\_\_  
Due to congenital heart disease? feathers  
Due to Prematurity low bar

8. AGE: Years Months Days If less than one day  
0 0 0 8 hr. 2 min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter Longstaff  
13. Birthplace 4 England (City, town, or county) (State or foreign country)  
14. Maiden name Josephine Longstaff  
15. Birthplace 4 Germany (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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

16. (a) Informant Walter Longstaff  
(b) Address 3819 a Potomac  
17. (a) Burial (b) Date thereof 6/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

23. Signature R. Noda M.D. (M. D. or other) \_\_\_\_\_  
Address 3649 Vista Date signed 6/23/44

18. (a) Signature of funeral director Joseph Hoffmeyer  
(b) Address 4016 Chippewa  
19. (a) JUN 23 1944 (b) J. F. Beck  
(Date received local registrar) (Registrar's signature)

WHILE FILING - 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.....

.....  
working under my personal supervision.

*Not embalmed*  
Registered Apprentice No.....

Signed.....

*A. J. Hoffmeister*  
4016 Chippenwa St  
Licensed Embalmer No.....

P. O. Address.....

**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.**