S. No. 2
M—2-43
. 5-17-39
#1 X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1946

State File No. 17074

Registration District No. 317 Primary Registration District No. 2070 Registrar's No. 1052

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96

(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7

(d) Street No. 707 Holland Ave (If rural, give location) 4

(e) Citizen of foreign country? no- (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jackson Long

3. (b) If veteran, name war hill

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of ~~husband~~ or wife Maggie Long

6. (c) Age of ~~husband~~ or wife if alive 53 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Unknown	✓	✓	hr. min.

9. Birthplace Tenn. (City, town, or county) / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Ned Long
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Amanda Blue
15. Birthplace ? Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Maggie Long

(b) Address 707 Holland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 16 46 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J C Lewis

(b) Address 22 Euclid Webster Groves

19. (a) E M Garman MD 5-15-46 (Date received local registrar) (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1946 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to 162-5

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No 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 E M Garman M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 5/15/46

16853

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

707

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1946

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.

MAY 22 1945

Bureau of Vital Statistics,
MD. STATE BOARD OF HEALTH

Signed J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.