

#32952  
**FILED FEB. 10 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1023**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1112 Franklin Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** CLARENCE LONG

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased February 26 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>3</u>	hr. min.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 29th year 1947 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from 1/13/47 to 1/29/47, 19\_\_\_\_, to 1/29/47, 19\_\_\_\_, that I last saw h. im alive on 1/29/47, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric embolism

Due to embolus from heart (auricular fibrillation) Duration 3 days

Other conditions Embolism to Brachial artery 3 days  
(Include pregnancy within 3 months of death)

Major findings: noo done **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy noo obtained  
Underline the cause to which death should be charged statistically.

9. Birthplace Chesterfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Henry Long

13. Birthplace Chesterfield Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Dyke

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Long  
(b) Address 6924 Raymond

17. (a) Burial (b) Date thereof 2-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weldon Springs, Mo.

18. (a) Signature of funeral director T. E. Pitman  
(b) Address Wentzville, Mo.

19. (a) JAN 30 1947 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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 1515 Lafayette 1/30/47  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

*Henry M. Brammer*

Licensed Embalmer No.....

4200

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.**