S. No. 2
—12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5881

FILED MAR 11 1947

Registration District No. ____ Primary Registration District No. 3058 Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Pattonville (If outside city or town limits, write "RURAL") 5
(d) Street No.: Fee Fee Road (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME: William E. Long
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: Clara
6. (c) Age of husband or wife if alive: Ded years
7. Birth date of deceased: July (Month) 8 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	22	____ hr. ____ min.

9. Birthplace: Pattonville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER 12. Name: Erastus Post Long 0
13. Birthplace: Chesterfield (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Jane Price
15. Birthplace: Valley Park (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: John Post Long
(b) Address: Pattonville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Fee Fee Cemetery
18. (a) Signature of funeral director: Bauman Bros. Inc.
(b) Address: 2504-Woodson Rd-Overland, Mo.
19. (a) 3-4-47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 1 year: 1947 hour: 2 minute: 15 P.M.
21. I hereby certify that I attended the deceased from 4 April 1946 to 4 March 1947 that I last saw him alive on 25 Feb 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to: Hypertensive Cardiovascular Disease	
Due to:	
Other conditions: Rheumatoid Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury

23. Signature: H. E. Hagen (M. D. or other) M.D.
Address: Pattonville Date signed: 3 Mar 47

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAR 7 MAR 7 1947
Date Filed

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.