

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 11205
Registrar's No. 3088

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: 3801 Meramec St.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Valley Park
(d) Street No. 9th & Vest St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Charles M. Longworth
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1947 hour 11 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec. 10, 46
to March 21, 1947
that I last saw him alive on March 21, 1947
and that death occurred on the date and hour stated above.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 1 1877
(Month) (Day) (Year)

Immediate cause of death
Bronchopneumonia 4 days
Due to
Due to
Other conditions Carcinoma of Prostate 3 mos.
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 1 Days 20
If less than one day hr. min.

Major findings: Carcinoma of Prostate on 3-5-47
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Laborer

11. Industry or business
12. Name John Longworth Mo. 0
13. Birthplace Mo. 0
14. Maiden name Catherine McDaniel
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Koenig
(b) Address 3274 Watson Rd.
17. (a) Burial (b) Date thereof Mar. 24, 1947
(Month) (Day) (Year)

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
23. Signature Michael Sulick (M. D. or other) MD
Address Burtwood Mo Date signed 3-22-47

(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.
19. (a) Date received local registrar (b) J. F. Bredeck (Registrar's signature)

WRITE PLAINLY—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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 manches

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.