V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 26366

Registrar's No. 1521

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since June 11, 1947 (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 26
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL") 5
(d) Street No.: None- Wardsville Road (If rural, give location) 4
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: LONGHOFER, Godfrey F.
3. (b) If veteran, name war: World I
3. (c) Social Security No.: Unknown
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Laura
6. (c) Age of husband or wife if alive: unk. years
7. Birth date of deceased: October 6, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	9	8	3 hr. 35 min.

9. Birthplace: Russia (City, town, or county) 6 (State or foreign country)
10. Usual occupation: VFW Employee
11. Industry or business:
FATHER 12. Name: Frederick Godfrey Longhofer
FATHER 13. Birthplace: unknown (City, town, or county) Russia 6 (State or foreign country)
MOTHER 14. Maiden name: Anna Kline
MOTHER 15. Birthplace: unknown (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant: Mrs. Laura Longhofer
(b) Address: Wardsville Road, Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery.
18. (a) Signature of funeral director: Lupton Funeral Home
(b) Address: 7233 Delmar, St. Louis, Mo.
19. (a) 7-17-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 15 year: 1947 hour: 3:35 minute: AM M.

21. I hereby certify that I attended the deceased from June 11, 1947, 19..., to July 15, 1947, 19...; that I last saw him alive on July 15, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ARTERIOSCLEROTIC HEART DISEASE	
Due to:	
Due to:	
Other conditions: GENERALIZED ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No Operation
Of autopsy: No Autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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: L. E. Schorff (M. D. or other)
Address: VAH, Jeff. Barracks, Mo. Date signed: 7/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.