No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 6663

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1366

1. PLACE OF DEATH:
(a) County
(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: Lutheran hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4817 Fountain Avenue 9
(If rural, give location)
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Long
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Augustus Long
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About (Month) 1863 (Day) (Year)

8. AGE: Years 85 Months ? Days ? If less than one day hr. 1 min.

9. Birthplace St. Paul (City, town, or county) Minnesota (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Unknown Gilfillis
13. Birthplace Unknown (City, town, or county) Minnesota (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Carl E. Peters
(b) Address 8036 Delmar Blvd.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Bredings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1948 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1-29-48 to 2-7-48, 19..., and that I last saw him alive on 2-7-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia — Duration 3 days
Due to: Fracture left hip — 8 days
Due to:
Other conditions (Include pregnancy within 3 months of death): Senility age 85
Major findings: Of operations: Fract left hip (x-ray) no surgery
Of 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) Fell off chair
(b) Date of occurrence About 2-1-48 000
(c) Where did injury occur? At Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury:

23. Signature Walter H. Hoge M.D. (M. D. or other)
Address 3108 S. Grand Date signed 2-7-48

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.**