

FILED MAR 4 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County:

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

(c) Name of hospital or institution:
4332 Blair Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **MO.** (b) County: **000**

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

(d) Street No.: **4332 Blair Ave**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **-**

3. (a) PRINT FULL NAME: **Emma Longwith**

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: **Albert Longwith**

6. (c) Age of husband or wife if alive: **Dead** years

7. Birth date of deceased: **August 22 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 **5** **26** hr. min.

9. Birthplace: **St. Louis MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **Home**

12. Name: **Unknown**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

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

16. (a) Informant: **Iris Brinham Daughter**

(b) Address: **4332 Blair Ave.**

17. (a) **Burial** (b) Date thereof: **2/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Calvary Cemetery**

18. (a) Signature of funeral director: **Suedmeyer & Son's**

(b) Address: **3934 N. 20 Street**

19. (a) **658** (b) **J. F. Brodeur**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **18**
year **1948** hour **12** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Jan 4, 1898**, 19... to **Feb 18, 1948**, 19...
that I last saw **er** alive on **Feb. 18, 1948**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: **Amyloidosis cerebrotalis**

Due to: **arteriosclerosis**

Due to: **g/f**

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

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: **0**

23. Signature: **Emma Ross** (M. D. or other)

Address: **2918 East** Date signed:

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Neville R. Thudutter

Licensed Embalmer No.

3696

P. O. Address

3934 N 20th St

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.