S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10415

State File No. 2587

FILED MAR 25 1948

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

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: 3948 Humphrey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3948 Humphrey Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sgt. Thomas H. Long
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary A. Long 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 11th, 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day hr. min.
9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Police Sergeant
11. Industry or business Police Department
FATHER
12. Name Leonard R. Long
13. Birthplace Pauls Valley, Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Frances Michaels
15. Birthplace Fredericksburg, Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary A. Long
(b) Address 3948 Humphrey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Beiderwieden F.H.Inc.
(b) Address 1936 St. Louis Avenue
19. (a) (Date received by registrar) MAR 15 1948 (b) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1948 hour 10 minute 24 A. M.
21. I hereby certify that I attended the deceased from 11-1-47, 19..., to 3/14/48, 19...; that I last saw him alive on 3/9/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lessons of Diabetic Gangrene	2 mo
Ch. Myocarditis	?
Due to: Diabetes Mellitus	10 yrs.
Due to: Coronary Heart Disease	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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 [signature] (M. D. ~~or other~~)
Address 5417 So Grand Blvd Date signed 3/15/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Emmett H. Run
5417 So. Grand

Lo 5511 11-1

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 W Louis Ave

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.