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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31208**
Registrar's No. **8310**

FEB OCT 1 1948 **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether _____)

In this community 44 Years.
(years, months or days)

3. (a) PRINT FULL NAME Markus Long

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rosina Long 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 25. 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cabinet Maker

11. Industry or business _____

12. Name Luke Long,

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Conrad Long

(b) Address 3622 Penrose Str.

17. (a) Burial (b) Date thereof 9/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director J. A. Stock

(b) Address 2117 E. Grand Ave.

19. (a) SEP 22 1948 (b) J. F. Brodeur
(Date received local Registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5364 Geraldine 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1948 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from AUGUST 7, 1948 to SEP 21, 1948, 19____ that I last saw him alive on SEP 20, 1948, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration Week

Due to Appt. prolonged heart

Due to _____

Other conditions Chronic Infection, Infection, Infection
(Include diagnosis within 3 months of death)

Major findings: 1/2
Of operations _____

Of autopsy 28

PHYSICIAN
Underline the cause to which death should be charged statistically. 10

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 21 1948

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury Fall

23. Signature Richard J. Clark, MD (M. D. or other)

Address Missouri Theatre Bldg Date signed 9-21-48

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.