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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38393

State File No. 10128

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4530 NEWPORT
(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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4530 NEWPORT
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME KATHERINE E. LONG

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased FEBURARY 15 1891
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation FORELADY

11. Industry or business ANDERSON LAUNDRY

FATHER
12. Name GEORGE E. LONG
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY WEIST
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant CORA MAGENDIE
(b) Address 4530 NEWPORT

17. (a) BURIAL (b) Date thereof Nov. 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) NOV 22 1948 (b) J. B. Lassiter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1948 hour 7 minute 20 p. M.

21. I hereby certify that I attended the deceased from May 15, 1948, to Nov 21, 1948
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General carcinomatosis with loss of [illegible]	6 mo
Due to: Carcinoma of Colon	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to 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 M J Williams [illegible] (M. D. or other)
Address 60 N Grand Date signed 11/24/48

(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.....

Licensed Embalmer No.....

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.