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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1008

State File No. 38395

Registrar's No. 10026

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

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: St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEECEASED:

(a) State Missouri (b) County

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

(d) Street No. 7328 Michigan Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME STEVE 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 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 3 (Day) 1907 (Year)

8. AGE: Years 41 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business Unemployed

FATHER
12. Name Adam Long
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Rose Grundmey
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Adam Long
(b) Address 7328 Michigan Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Hope Cemetery

18. (a) Signature of funeral director Fendler Und.Co.
(b) Address 7420 Michigan Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th year 1948 hour 7 minute 40 P M.

21. I hereby certify that I attended the deceased from 11/12/48 to Nov. 16th 1948 that I last saw him alive on Nov. 16th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration Indetem.

Due to

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? (d) Means of injury

23. Signature W. M. Fowler, M.D. (M.D. or other)
Address 1515 Lafayette Date signed 11/17/48

(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 V E Morris

Licensed Embalmer No. 3360

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.