

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31949

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8364**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4371 Itaska		d. STREET ADDRESS (If rural, give location) 15-4371 Itaska	

3. NAME OF DECEASED (Type or Print) a. (First) Jess b. (Middle) F. c. (Last) Long		4. DATE OF DEATH (Month) (Day) (Year) 9/27/49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23, 1887
9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY Sheet Metal Worker	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles Long	13b. MOTHER'S MAIDEN NAME Catherine Fischer	14. NAME OF HUSBAND OR WIFE Emma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 92-05-5440	17. INFORMANT'S SIGNATURE AND ADDRESS Emma Long-4371 Itaska

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)		Coronary Thrombosis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmund Henry Carpenter		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/29/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9/30/49	24c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL SEP 29 1949	REGISTRAR'S SIGNATURE J B Casater	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wacker-Weldert 3634 Gravois	

(Licensed Embalmers' Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Delis J. Krupin.....

Licensed Embalmer No. 3497.....

P. O. Address 3634 Gravais.....

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.