

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42408
State File No. 10724
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 9955 Luna Lemay	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3400 So. Grand		d. STREET ADDRESS (If rural, give location) 9955 Luna	

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) J. c. (Last) DeLong, Sr.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 3, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days 9 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) San Francisco, Cal.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Earl DeLong	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Emma DeLong
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl DeLong, Jr., 9955 Luna, Lemay
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis.		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 91
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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
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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 **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Earl DeLong, Jr.	23b. ADDRESS 607 So. Grand	23c. DATE SIGNED 12/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-14-49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem	24d. LOCATION (City, town, or county) (State) 7800 St. Charles
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DATE REC'D BY LOCAL REG. OFFICE DEC 13 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

(Deleted and Destroyed on Reverse Side)

X- Buddy -
U.C.B -
1-3 -

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 _____

W E Morris

Licensed Embalmer No. 3360

P. O. Address Lemay

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.