

FILED MAR 10 1950

STANDARD CERTIFICATE OF DEATH

6463
State File No. 1865
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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2311 N. 10th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2311 N. 10th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) M. c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 8, 1900		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Athens, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME William Frost		13b. MOTHER'S MAIDEN NAME Nancy Stone		14. NAME OF HUSBAND OR WIFE William Long	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Long, 2311 N. 10th St.	

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)		Carcinoma of Liver -			5 mos.	
ANTECEDENT CAUSES		Gravely ill metastases				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hepatic Cirrhosis			1 yr.	
		DUE TO (c) Cardiac Deceleration Heart Disease			1 yr.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION Sept 1949		19b. MAJOR FINDINGS OF OPERATION Hepatic Cirrhosis			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 156a		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 1:55		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-6-49, 19 to 2-24, 1950, that I last saw the deceased alive on 2-24, 1950, and that death occurred at 2:25p m., from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) R. Ciapcia, M.D.		23b. ADDRESS 1901 Madison St.		23c. DATE SIGNED 2-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-25-50		24c. NAME OF CEMETERY OR CREMATORY Gillespie, Ill.	

DATE REC'D BY LOCAL REG. FEB 26 1950		REGISTRAR'S SIGNATURE J. B. Lusker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Blair R. Cadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4097

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.