S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31784

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8097

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2219
d. STREET ADDRESS (If rural, give location) 21 2949a Dickson St

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle)
c. (Last) Long

4. DATE OF DEATH (Month) 9 (Day) 19 (Year) '50

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 7-17-1909
9. AGE (In years last birthday) 41 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) La Grange, Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Long (Dead)
13b. MOTHER'S MAIDEN NAME Mattie Long (Dead)
14. NAME OF HUSBAND OR WIFE Ruth Kate Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) #2
16. SOCIAL SECURITY NO. 259-05-6325
17. INFORMANT'S SIGNATURE OR NAME Thessolonia Ross 2103 New Ashland Pl. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mechanical (closed loop) intestinal obstruction, complete with gangrene and perforation, due to P. O. adhesion bond. Peritonitis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Exploratory laparotomy, lysis of adhesion exteriorization of gangrenous ileum.
DUE TO (c) Undetermined

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 570.5

22. *I hereby certify that I attended the deceased from* 9-18-50, 19__, *to* 9-19-50, 19__, *that I last saw the deceased alive on* 9-19-50, 19__, *and that death occurred at* 4:58 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Alvin Thompson (Degree or title) M. D.
23b. ADDRESS 2601 N. Whittier
23c. DATE SIGNED 9-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 9-26-50
24c. NAME OF CEMETERY OR CREMATORY National Cemetery Jefferson Barracks
24d. LOCATION (City, town, or county) St Louis Co. (State) MO

DATE REC'D BY LOCAL REG. SEP 25 1950
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe ADDRESS 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 1950

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 Arthur L. Hellbiard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.