

REC'D DEC 27 1950

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 10712

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY 1

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION 4174A McREE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY 2179

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location) 4174A McREE

3. NAME OF DECEASED  
a. (First) NORA b. (Middle) A. c. (Last) LONG

4. DATE OF DEATH (Month) (Day) (Year) 12-13-50

5. SEX FEM 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH AUG 5, 1887 9. AGE (in years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PATRICK MANION 13b. MOTHER'S MAIDEN NAME ELLEN KEANE 14. NAME OF HUSBAND OR WIFE BART 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. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS BART LONG 4174A McREE

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Adenocarcinoma of carcinoma

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Rectum

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 8 mo  
4 years

19a. DATE OF OPERATION Jan 1947 19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 1154X

22. I hereby certify that I attended the deceased from Sept 1948 to Nov 12, 1950 that I last saw the deceased alive on Nov 12, 1950 and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE William Collins (Degree or title) M.D. 23b. ADDRESS 2517 N. Grand Ave 23c. DATE SIGNED 12/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 12-16-50 24c. NAME OF CEMETERY OR CREMATORY CALVARY 24d. LOCATION (City, town, or county) (State) St Louis, Mo

DATE REC'D BY LOCAL REG. DEC 15 1950 REGISTRAR'S SIGNATURE J. Blanton 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurz 3125 Lafayette

WRITE PLAINLY—USING 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 \_\_\_\_\_

*John B. Vallmer*

Licensed Embalmer No. *41814*

P. O. Address *3125 Lafayette*

Signed.....  
Student Embalmer

**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.