

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2739

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **879**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>residence-4237 Olive Street</b>		d. STREET ADDRESS (If rural, give location) <b>4237 Olive Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>MITCHELL</b> c. (Last) <b>LONG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 26 51</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept. 8, 1853</b>		9. AGE (In years last birthday) <b>97</b>		IF UNDER 1 YEAR: Months <b>4</b> Days <b>18</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>medical doctor</b>		11. BIRTHPLACE (State or foreign country) <b>Old Mines, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>William Long</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Parkinson</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Wagoner Long</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Wagoner Long, 4237 Olive Street</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b>			<b>10</b>
		DUE TO (c) <b>General atherosclerosis</b>			<b>20</b>
		11. 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H380</b>	

22. I hereby certify that I attended the deceased from June 1, 1931, to Jan 26, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 12:30A, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Skensoper M D</b>		23b. ADDRESS <b>3903 Olive St</b>		23c. DATE SIGNED <b>Jan 27 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1-30-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	

DATE RECD BY LOCAL REG. <b>JAN 23 1951</b>		REGISTRAR'S SIGNATURE <b>J B Savater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons 7233 Delmar Blvd</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Horace Soper  
3903 Olive Street  
JE-1114

FEB 7 1981

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Arnold W. Schoene*

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.