

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24934**
Registrar's No. **6551**

FILED AUG 7 1951

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO.	Registrar's No. 6551	
1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis		2139
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			d. STREET ADDRESS (If rural, give location) 5546 Maze Pl.		
3. NAME OF DECEASED (Type or Print) Hazel L. Long			a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jul. 20, 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 12, 1901		9. AGE (In years last birthday) 49
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.	
13a. FATHER'S NAME Wm. Pilcher		13b. MOTHER'S MAIDEN NAME Lullie Carroll		14. NAME OF HUSBAND OR WIFE Edw. H. Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edw. H. Long 5546 Maze Pl.	
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) Mesenteric thrombosis		II. OTHER SIGNIFICANT CONDITIONS			30 hrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			4 days.
DUE TO (b) Intestinal obstruction		DUE TO (c) Intestinal adhesions			5 yrs.
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 7/20/51		19b. MAJOR FINDINGS OF OPERATION Spargene bowel. Intestinal obstr. Small Int; mesenteric thrombosis			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)	
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? 570.5	
22. I hereby certify that I attended the deceased from 7/19, 1951 , to 7/20, 1951 , that I last saw the deceased alive on 7/20, 1951 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Albert A. Cason, M.D.		23b. ADDRESS 3606 Morris Ave.		23c. DATE SIGNED 7/21/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.	
DATE REC'D BY LOCAL REG. JUL 23 1951		REGISTRAR'S SIGNATURE J.B. Foster		ADDRESS	

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

Kelly

DR E. CASON
360.6 GRAVOIS
TR 0568

12 to 1 P.M.

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 David Van Soest

Licensed Embalmer No. 4242

P. O. Address. 6322 So Grand

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.