

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24935

FILED JUL 26 1951

318

1003

State File No. ....

6341

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6341</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>678 Satterman</b>				d. STREET ADDRESS (If rural, give location) <b>4136 Chestnut</b>			
3. NAME OF DECEASED a. (First) <b>FRANK</b> (Type or Print)			b. (Middle) <b>LONGO</b>			c. (Last) _____	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>7/14/51</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>April 21, 1891</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>13</b>		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>inspector Anheuser-Busch</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Marlin Longo</b>		13b. MOTHER'S MAIDEN NAME <b>Bertrude Boza Rosenzweig Longo</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. P. Longo</b> ADDRESS <b>4136 Chestnut</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1-2 hrs.</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. ANTECEDENT CAUSES. <b>Arterioscl. Disease Hypertensive Cardiovascular Disease</b>			
DUE TO (b) _____				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <b>Hypertensive Cardiovascular Disease</b>				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"/>			
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? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>July 14, 1951</b> to <b>Aug 5, 1951</b> , that I last saw the deceased alive on <b>July 14, 1951</b> and that death occurred at <b>12:45 p.m.</b> , from the cause and on the date stated above.							
23. SIGNATURE <b>Bernard Berne MD.</b> (Degree or title)				23b. ADDRESS <b>101 So. Meamection</b>		23c. DATE SIGNED <b>July 14, 1951</b> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 17, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 16 1951</b>		REGISTRAR'S SIGNATURE <b>J. Blaser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. A. Howard</b> ADDRESS <b>1619 So. Grand</b>			

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

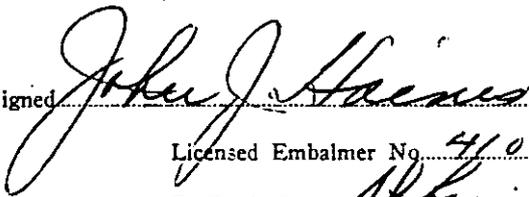
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed  \_\_\_\_\_  
Licensed Embalmer No. 4108

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.