. No. 300
. 10.48

FILED OCT 8 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

33173

State File No. 7983

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

**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): 1 Wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay ? 4000
d. STREET ADDRESS (If rural, give location): 551 W Hurck

**3. NAME OF DECEASED** (Type or Print)
a. (First): Harry
b. (Middle):
c. (Last): Longworth

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 20 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Jan. 12 1890
**9. AGE** (In years last birthday): 62
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): Chauffeur
**10b. KIND OF BUSINESS OR INDUSTRY**: Service Car
**11. BIRTHPLACE** (City and State or Foreign Country): So. Carolina
**12. CITIZEN OF WHAT COUNTRY?**: USA.

**13a. FATHER'S NAME**: UnKnown
**13b. MOTHER'S MAIDEN NAME**: UnKnown
**14. NAME OF HUSBAND OR WIFE**: Albin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 492-30-2000
**17. INFORMANT'S SIGNATURE OR NAME / ADDRESS**: Albin Longworth 551 W Hurck St.

**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) Myocardial infarction - 1 Hour — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocardial Infarction — 4 weeks

~~DUE TO (c)~~ Nephritis — several Mo

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

Cirrhosis of Liver — several Mo

~~Diabetic Acidosis~~ 1 wk

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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?**: 260X

22. *I hereby certify that I attended the deceased from* 8-13, 1952 *to* 8-20, 1952 *that I last saw the deceased alive on* 8-20, 1952 *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: A J Steiner
(Degree or title): MD
**23b. ADDRESS**: 634 N. Grand
**23c. DATE SIGNED**: 8/22/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 4
**24b. DATE**: 8-23-1952
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Hope Cem.
**24d. LOCATION** (City, town, or county) (State): Lemay St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS**: Jos. P. Fendler Jr. 7128 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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

Charlotte Mellerton of Long standing

## 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. _____

P. O. Address _____

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.