

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40918**
Registrar's No. **2968**

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531**

4006

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		4346
d. FULL NAME OF HOSPITAL OR INSTITUTION 7009 Waterman Blv'd.			d. STREET ADDRESS (If rural, give location) 7009 Waterman Blv'd.		
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) WILSON		c. (Last) LONG
4. DATE OF DEATH (Month) (Day) (Year) 11 18 52		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 14, 1871		9. AGE (in years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Covington, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown Wilson		13b. MOTHER'S MAIDEN NAME Mary Thompson	
14. NAME OF HUSBAND OR WIFE William B. 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. none	
17. INFORMANT'S SIGNATURE OR NAME Mildred Crowder, 7009 Waterman Blv'd.		ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
			b) Arteriosclerosis		
			c) 331X		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of age		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec. 17, 1952 , to Dec. 18, 1952 , that I last saw the deceased alive on Dec. 17, 1952 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Geo. W. J. J. J.		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 11-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-19-52		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS 7233 Delmar Blv'd.	
DATE REC'D BY LOCAL REG. 11-19-52		REGISTRAR'S SIGNATURE Herbert R. Double		P. S. 11-12	

Dr. George Ittner
3720 Washington Bl'vd.
JE-4515

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 Arnold W. Schoene

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.