

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19637

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4919 Arlington Ave.,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) EUGENE DENNIS LONG		4. DATE OF DEATH (Month) (Day) (Year) May 14th, 1953	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH April 24th 1911	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Door to door salesman		9. AGE (In years last birthday) 42	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Okfuskee, Okla	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Jesse Long	
13b. MOTHER'S MAIDEN NAME Verna Richardson		14. NAME OF HUSBAND OR WIFE Dorothy 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. 486-16-3962	
17. INFORMANT'S SIGNATURE OR NAME Verna Rogers, 4919 Arlington Ave.,		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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Cardio-vascular-renal disease Multiple mural thrombi DUE TO (c) History of 3 Ant. Wall Myocardial (infarctions) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock (loss of a loved-one)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 days 4 yrs. 5 yrs.	
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) (Minute) 442X	
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 11/28, 1952, to 5/14, 1953, that I last saw the deceased alive on 5/13, 1953, and that death occurred at 8:50 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Julian D. Tussey D.O.		23b. ADDRESS 8321 No. Broadway, St. Louis, 15, Missouri	
23c. DATE SIGNED 5/14/53			
24a. BURIAL, CREMATION, REBIVAL (Specify) Reinterment		24b. DATE May 18th, 1953	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. MAY 18 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich Funeral Home, 8319 Hallsferry	

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.....
Signature of Student Embalmer

Signed.....
Fred J. Farmer

Licensed Embalmer No. 47

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.