

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22999

State File No.

5673

FILED JUN 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>10 3956a Labadie Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u>		b. (Middle) <u>S. NMN.</u>		c. (Last) <u>Longo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 5 53</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>June 18, 1893</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>17</u>		IF UNDER 1 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cost Accountant-McDonald Aircraft Corp.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u> </u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Frank Longo</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Bova</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Longo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-12-3834</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose M. Nolan, 97 Franklin St., Allston, Mass.</u>			
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peptic Ulcer</u>				<u>2 years</u>	
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? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>53</u> , to <u>6-5-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>53</u> and that death occurred at <u>1:40 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald H. Kruger</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>6/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 8 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....
Licensed Embalmer No. 469
P. O. Address St. Charles.....

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.