

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24872**  
**6390**  
Registrar's No.

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN                              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS   |  |
| East St. Louis   |  | East St. Louis  |  |
| St. Mary's Infirmary   |  | 1716 1/2 Trendley Avenue  |  |

|   |                  |  |                     |  |            |
|---|------------------|--|---------------------|--|------------|
| 3. NAME OF DECEASED<br>(Type or Print)  |                  |  | 4. DATE OF DEATH    |  |            |
| a. (First)<br>Willie Lewis  |                  |  | b. (Middle)<br>Long |  |            |
| c. (Last)<br>Long   |                  |  | 7-10-54             |  |            |
| 5. SEX  | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH    | 9. AGE (In years last birthday)                    | 10. MONTHS |
| Male  | Negro            | Married  | Jan. 6, 1909        | 45   | 6          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                  | 10b. KIND OF BUSINESS OR INDUSTRY                      |                     | 11. BIRTHPLACE (City and State or Foreign Country) |            |
| Laborer   |                  | C.K. WILLIAMS CO.                                      |                     | Guntown, Mississippi                               |            |
| 12. CITIZEN OF WHAT COUNTRY?  |                  |  | 13. FATHER'S NAME   |  |            |
| USA   |                  |  | Tom Long            |  |            |

|   |  |                           |  |                                   |  |
|---|--|---------------------------|--|-----------------------------------|--|
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME |  | 14. NAME OF HUSBAND OR WIFE       |  |
| Tom Long  |  | Luzier Augustus           |  | Vivian Long                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME |  |
| no  |  | no                        |  | Vivian Long                       |  |
|   |  |                           |  | 1716 1/2 Trendley                 |  |

|  |  |  |  |  |  |                                  |  |  |
|--|--|--|--|--|--|----------------------------------|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  |  | Acute Pancreatitis   |  |  | 1 week                           |  |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |  | II. OTHER SIGNIFICANT CONDITIONS   |  |  |                                  |  |  |
| Antecedent Causes  |  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |                                  |  |  |
| DUE TO (b)   |  |  | HYDROPNEUMOTHORAX, LEFT  |  |  | 6 days                           |  |  |
| DUE TO (c)   |  |  |  |  |  |                                  |  |  |

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?  |  |
| 7/4/54  |  | HYDROPNEUMOTHORAX  |  |   |  | 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) |  | 21f. HOW DID INJURY OCCUR?  |  |
|   |  |  |  |   |  | 5870  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |  |   |  |
|   |  |  |  |   |  |   |  |

22. I hereby certify that I attended the deceased from 7/3, 1954, to 7/10, 1954, that I last saw the deceased alive on 7/10, 1954, and that death occurred at 12:55A m., from the causes and on the date stated above.

|   |  |                             |  |                                    |  |
|---|--|-----------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title)          |  | 23b. ADDRESS                |  | 23c. DATE SIGNED                   |  |
| B.C. Woodson, M.D.                        |  | 908 N. 2ND ST. E. ST. LOUIS |  | 7-10-54                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) |  | 24b. DATE                   |  | 24c. NAME OF CEMETERY OR CREMATORY |  |
| Removal                                   |  | July 14 1954                |  | Booker Washington                  |  |
|   |  |                             |  | E. St. Louis, Illinois             |  |

|   |  |                                  |  |             |  |
|---|--|----------------------------------|--|-------------|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE |  | 25. FUNERAL DIRECTOR'S SIGNATURE |  | ADDRESS     |  |
| JUL 14 1954                               |  | C. J. Nash                       |  | 1114 1/3 St |  |

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

**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.