

35644

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8776

Registrar's No. 8776

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo. c. LENGTH OF STAY (in this place) 19 days

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Illinois

b. COUNTY Sangamon

c. CITY OR TOWN Springfield

d. Is Residence within limits of a city or incorporated town? Yes  No 

e. STREET ADDRESS (If rural, give location) 1524 E. Adams St. 81208

## 3. NAME OF DECEASED (Type or Print)

a. (First)

JESSE

b. (Middle)

c. (Last) LONG

4. DATE OF DEATH (Month) (Day) (Year) September 26, 1954

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

3/22/94

## 9. AGE (In years last birthday)

60

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hod Carrier

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

Tangipahoa, Louisiana

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

Ota Long

## 13b. MOTHER'S MAIDEN NAME

Sarah Brunfield

## 14. NAME OF HUSBAND OR WIFE

Mary A. Long

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

Yes

WW-1

## 16. SOCIAL SECURITY NO.

348-09-9827

## 17. INFORMANT'S SIGNATURE OR NAME

VA HOSP. RECORDS, ST. LOUIS, MO.

## 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, asthenia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Bronchogenic Carcinoma Right Main Stem Bronchus

## INTERVAL BETWEEN ONSET AND DEATH

10 months

## ANTECEDENT CAUSES

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

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

9/9/54

## 19b. MAJOR FINDINGS OF OPERATION

Bronchoscopy with biopsy revealed carcinoma

## 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)

VA

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

162x

22. I hereby certify that I attended the deceased from 9/7, 1954, to 9/26, 1954, and that death occurred at 1:30AM m., from the causes and on the date stated above.

## 23a. SIGNATURE

*[Signature]*

## (Degree or title)

M.D.

## 23b. ADDRESS

VAH, ST. LOUIS, MO.

## 23c. DATE SIGNED

9-26-54

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 24b. DATE

9/27/54

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county) (State)

Springfield, Illinois

## DATE REC'D BY LOCAL REG.

SEP 27 1954

## REGISTRAR'S SIGNATURE

*J. Earl Smith, M.D.*

## 25. FUNERAL DIRECTOR'S SIGNATURE

G. Wade Granberry 4202 F. nney Ave

## ADDRESS

Licensed Embalmer's Statement on Reverse Side

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

No. 300

10-48

FILED OCT 26 1954  
XC-NONE  
SL-2744 Reg.#3402

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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 *Melvin E. Green*.....  
Licensed Embalmer No. *44*.....

P. O. Address *H. Lou*.....

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.