

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35648
State File No. 8509

FILED OCT 26 1954

BIRTH NO. 73769-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2089

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>8 8908 6006 FELLOW</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Anthony</u> c. (Last) <u>LONGO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 16, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept 15-1954</u>
9. AGE (In years last birthday) <u>16</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>MIKE LONGO</u>	13b. MOTHER'S MAIDEN NAME <u>LORRAINE GOETTE</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MIKE LONGO 8908 6006 FELLOW</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 2 lbs 3oz</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Rupture of membranes</u> 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	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? <u>7625</u>

22. I hereby certify that I attended the deceased from Sept 15, 1954, to Sept 15, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 9 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Victor Muehmann M.D.</u>	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>Sept 16, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		(State) <u>MO</u>

DATE REC'D BY LOCAL REG. <u>SEP 17 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WONS FUNERAL 1150 N. KINGS HIGHWAY</u>
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(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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Anthony J. Muel

Licensed Embalmer No. *4277*

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 this body is not embalmed, fact should be so stated above.