

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38974

9784

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY <u>City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ Mo.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>City of St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3yrs10moll</u>		c. CITY OR TOWN <u>City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal St.</u> <u>21870</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christ</u> b. (Middle) _____ c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-54</u>		5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9 APRIL 1890</u>		9. AGE (In years, last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>CONFECTIONARY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Robert Long</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Asie</u>		14. NAME OF HUSBAND OR WIFE <u>IDA LONG</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Stratrick</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>I Tabo Paresis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>025X</u>				
22. I hereby certify that I attended the deceased from <u>1-11-</u> , 19 <u>54</u> to <u>10-25-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-25-</u> , 19 <u>54</u> , and that death occurred at <u>1:05p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>George M. Tanaka, M.D.</u> (Degree or title)				23b. ADDRESS <u>5800 Arsenal Street</u>		23c. DATE SIGNED <u>10-25-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND ILL</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>OCT 28 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Boulinger Highland, ILL</u>		ADDRESS		

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

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

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.