

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38538

State File No.

FILED NOV 25 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9885

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 1 hr.		c. CITY OR TOWN Sappington 4830	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital		STREET ADDRESS (If rural, give location) Lincoln Rd			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Oliver	b. (Middle) H	c. (Last) Long	Nov	9	1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 2, 1906		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Long		13b. MOTHER'S MAIDEN NAME Angela Padberg		14. NAME OF HUSBAND OR WIFE Agnes Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 494-10-0223		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Long Sappington Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
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) Coronary Occlusion		1 1/2 h	
		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. NO			

19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION NO		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1	
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?	

22. I hereby certify that I attended the deceased from Sept, 1954, to 11-9, 1955, that I last saw the deceased alive on 11-9, 1955, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walden W. Johnson M.D.		23b. ADDRESS 9505 Gravois		23c. DATE SIGNED 11-11-55	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 11/12/55		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
				24d. LOCATION (City, town, or county) (State) St Louis County Mo	

DATE REC'D BY LOCAL REG. NOV 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois	
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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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No... 48

P. O. Address 7027 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.