

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2836**
Registrar's No. **540**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

c. CITY OR TOWN **ST. LOUIS**

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

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

e. STREET ADDRESS (If rural, give location) **21 2811 Franklin Ave. 2219**

3. NAME OF DECEASED a. (First) **John** b. (Middle) **Lee** c. (Last) **Long S**

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 12 1956**

5. SEX **Male**

6. COLOR OR RACE **Col.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug. 18, 1910**

9. AGE (In years last birthday) **45**

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

11. BIRTHPLACE (City and State or Foreign Country) **Reydel, Arkansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Tom Longs**

13b. MOTHER'S MAIDEN NAME **Pearl Johnson**

14. NAME OF HUSBAND OR WIFE **Richetta Longs**

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

16. SOCIAL SECURITY NO. **430-20-8294**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Richetta Longs 2410 Biddle St. Apt. 804**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Traumatic Intra Cranial Hemorrhage; Contrib. Penetrating Gunshot Wound of Skull and Brain; suffered when shot with rifle in hands of one George Harris in home at 2811 Franklin Ave., about 11:00 pm. January 7, 1956.**
INTERVAL BETWEEN ONSET AND DEATH _____
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Homicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan 7 56 11:30**

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

21f. HOW DID INJURY OCCUR? **E981x**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on **1/14/56** at _____ m.; from the causes and on the date stated above.

23a. SIGNATURE (Name or title) **Joseph S. Smith M.D.**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **1/13/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **1-17-56**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **JAN 17 1956**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J. H. RANDLE & SON 3133 Bell Ave.**

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 *S. J. Watson*.....

Licensed Embalmer No. *2691*.....

P. O. Address *2769 Chow*.....

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.