V.S. No.200
Rev. 10.48

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

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10640

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2513

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros. Hospital
e. STREET ADDRESS (If rural, give location): 4445 So. 38th St. (16)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city of incorporated town? Yes [X] No [ ]

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): D.
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): 3/13/57

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 10/7/1932
9. AGE (In years last birthday): 24 yrs.
If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN F. LONG
13b. MOTHER'S MAIDEN NAME: IRENE LUDWIG
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-34-5350
17. INFORMANT'S SIGNATURE OR NAME: John F. Long
ADDRESS: 4445 So. 38th St. (16)

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STATUS LYMPHATICUS CAUSING PERIPHERAL VASCULAR COLLAPSE, CEREBRAL EDEMA

ANTECEDENT CAUSES (Status lymphaticus causing peripheral vascular collapse, cerebral edema.)

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 273 X

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 3/12/57
19b. MAJOR FINDINGS OF OPERATION: HYPERPLASIA LEFT INFERIOR TURBINATE, SPUR RITE SIDE OF SEPTUM. Hyperplasia, lft interior turbinate, spur rite side of septum
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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1957, *to* 3/13, 1957, *that I last saw the deceased alive on* 3/12, 1957, *and that death occurred at* 3 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE Armand D. Fries MD 0 (Degree or title)
23b. ADDRESS 812 Olive St. 812 Olive
23c. DATE SIGNED 3/13/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/16/57
24c. NAME OF CEMETERY OR CREMATORY: Resurrection
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: MAR 13 '57
REGISTRAR'S SIGNATURE: Earl Smith MD
MJB
25. FUNERAL DIRECTOR'S SIGNATURE: E.J.Schnur
ADDRESS: 3125 Lafayette Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Jenwink

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayet

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