

FILED JUL 26 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26322**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6691**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Cook <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN CHICAGO	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC EMPLOYEES' HOSP. ASSOC.		STREET ADDRESS (If rural, give location) 322 4042 So. San Francisco	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) PATRICK		c. (Last) LONG		4. DATE OF DEATH (Month) (Day) (Year) July 16 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 2, 1891		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY Buff. Ry. & C. RR		11. BIRTHPLACE (City and State or Foreign Country) Logansport, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Long		13b. MOTHER'S MAIDEN NAME Alice Puckett		14. NAME OF HUSBAND OR WIFE Unavailable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph A. Long, 7515 W. 60th, Chicago, Ill.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC COMA		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEPATIC CIRRHOSIS		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. UREMIA 581.0			

19a. DATE OF OPERATION 7/1/57		19b. MAJOR FINDINGS OF OPERATION HEPATIC CIRRHOSIS - CHOLELITHIASIS		20. AUTOPSY? 2 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) (Minute)		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 **6/10, 1957** to **7/16, 1957**, that I last saw the deceased alive on **7/15, 1957**, and that death occurred at **St. Paul Hosp.** from the causes and on the date stated above.

23a. SIGNATURE J. A. Lembach M.D. (Degree or title)		23b. ADDRESS 1755 S. Grand Ave		23c. DATE SIGNED 7-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-16-57		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Chicago, Ill.					

DATE REC'D BY LOCAL REG. JUL 17 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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.....
John S. Senneby

Licensed Embalmer No. *7199*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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