

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

33804

8690

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 6949a Mitchell Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES SARAH LONG		4. DATE OF DEATH SEPT. 15th 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Saleslady		9b. KIND OF BUSINESS OR INDUSTRY Straub Gro. Co.	9c. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Timothy J. Mohan		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Hayden Long (deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (specify unknown)) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 495-28-2512		17. INFORMANT Address Charles Long 6949a Mitchell Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignant hypertension with uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>chronic pyelonephritis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>600.0</i>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>600.0</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>9/10/57</i> to <i>9/15/57</i> and last saw ^{her} him alive on <i>9/15/57</i> Death occurred at <i>4:35 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Leroy H. Outmeyer M.D.</i>		22b. ADDRESS 1515 LAFAYETTE AVF	
		22c. DATE SIGNED 9/16/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 18 1957	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR A. H. Bocklage		25. DATE RECD. BY LOCAL REG. SEP 17 '57	
ADDRESS 6536 Clayton Rd.		26. REGISTRAR'S SIGNATURE <i>Carl Smith mo m&B</i>	

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

2/12/18

2/12/18

Signed *Harvey Kable*

Licensed Embalmer No. 4596

P. O. Address *Flouissant*

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.