

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023503
STATE FILE NUMBER
6243
Registar's No.

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4176 Delmar Blvd.		d. STREET ADDRESS (If outside, give location) 20690 5953 Theodosia Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Elison Long		4. DATE OF DEATH Month Day Year 6 - 16 - 58	
5. SEX Male 2	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown About 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ark.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Ella (Unknown O)	14. NAME OF HUSBAND OR WIFE Louise Long
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-07-7135	17. INFORMANT, Address Mrs. Louise Long-5953 Theodosia
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 yr 443x
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 6/2/58 to 6/14/58 and last saw him alive on 6/14/58 Death occurred at 204 pm 6/14/58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Weyl S Rye		22b. ADDRESS 3146 Euclid	
22c. DATE SIGNED 6/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-19-58	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem	23d. LOCATION (City, town, or county) (State) St. Louis Mo
24. FUNERAL DIRECTOR A.L. Beal Undertaking-4303 Delmar		25. DATE RECD. BY LOCAL REG. JUN 19 58	26. REGISTRAR'S SIGNATURE J. Carl Smith mo mfb

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *A. P. Richardson*

Licensed Embalmer No. *2928*
P. O. Address *2625 Glen*

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.