

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041882

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11210

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>			c. CITY OR TOWN <u>Webster Groves</u>		b. COUNTY <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>04 HOSPITAL BARNES HOSPITAL</u>		Length of stay in lb <u>1 Wk.</u>	d. STREET ADDRESS (If outside, give location) <u>312 S. Forest Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>F.</u> Last <u>LONGACRE</u>			4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 25, 1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R. R. Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Catawissa, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel H. Longacre</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Helen Helm</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Waneta Longacre</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-12-1241</u>	17. INFORMANT <u>Wm. S. Longacre</u> Address <u>Hazelwood, Mo.</u> <u>187 Fairview Ave</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC PYELONEPHRITIS AND CAPILLARY GLOMERULONEPHROSIS</u> DUE TO (b) <u>DIABETES MELLITUS</u> DUE TO (c) <u>260X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL YRS.</u> <u>10 YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year 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 <u>NOV. 11, 1958</u> to <u>NOV. 19, 1958</u> and last saw her alive on <u>NOV. 19, 1958</u> Death occurred at <u>1:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. Vermillion, M.D.</u>			22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>11/20/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Catawissa, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mittelberg Funeral Home</u> <u>Webster Groves, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>NOV 21 58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>

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 *Stanley H. Dixon* .....

Licensed Embalmer No. *4193* .....  
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.