

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017828

FILED VS MAY 6 1960

317

Primary Registration District No. 500

Registrar's No. 1346

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Olivette		Length of stay in 1b 4 Yrs.		c. CITY OR TOWN Olivette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1119 Olivaire			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1119 Olivaire		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First William Middle F. Last Long				4. DATE OF DEATH Month 4 Day 23 Year 60									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1161895		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician				10b. KIND OF BUSINESS OR INDUSTRY Electric		11. BIRTHPLACE (City and state or country) Philadelphia Penn		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Everett Long				13b. MOTHER'S MAIDEN NAME Marguerite Schraf				14. NAME OF HUSBAND OR WIFE Mary M. Long					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I				16. SOCIAL SECURITY NO. 2136 43 57		17. INFORMANT Address Mary M. Long 1119 Olivaire							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Coronary thrombosis										sudden			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Chr. myocarditis										3 yr.			
DUE TO (c) Myocardial infarction										3 yr.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 May 2, 1957 to April 23, 1960 and last saw him alive on April 21, 1960 Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Edwin P. Meiners M.D.						22b. ADDRESS 6651 Enright Ave				22c. DATE SIGNED 4/24/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4126160		23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery St. Ann,				23d. LOCATION (City, town, or county) (State) Mo.					
24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo.						25. DATE RECD. BY LOCAL REG. 4-25-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

