

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017017

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **4661** STATE FILE NUMBER

FILED MAY 10 1962

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **37 Days**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. John's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Illinois** b. COUNTY **Madison**
 c. CITY OR TOWN **Alton** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1206 Logan** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Florence Sophie Long **May 5, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6-5-1906** 9. AGE (last birthday) **55 Yrs.** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Felix Balen** 13b. MOTHER'S MAIDEN NAME **Estelle Milleston** 14. NAME OF HUSBAND OR WIFE **Edward P. Long**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **X E. P. Long** Address **1206 Logan Alton, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary Embolism** INTERVAL BETWEEN ONSET AND DEATH **Sudden**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Thrombophlebitis Ilio-Femoral** **2 mos**
 DUE TO (c) **Carcinoma Ovary -** **1 yr.**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **175.0**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION **Merick 28, 62** COUNTY **5-5-62** STATE **5-4-62**

21. I attended the deceased from **Merick 28, 62** to **5-5-62** and last saw her **5-4-62** alive on **5-4-62**
 Death occurred at **11:00 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Alphonsa McMadon, M.D.** 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **5-7-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 8, 1962** 23c. NAME OF CEMETERY OR REPOSITORY **St. Patrick's** 23d. LOCATION (City, town, or county) (State) **Godfrey, Illinois**

24. FUNERAL DIRECTOR **Thomas J. Burke, Jr.** ADDRESS **Alton, Illinois** 25. DATE RECD. BY LOCAL REG. **MAY 7 1962** 26. REGISTER'S SIGNATURE **Robert Smith, M.D.**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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

Thomas J. Burke, Jr.

Licensed Embalmer No. 4968
727 Langdon St.

P. O. Address Alton, Illinois

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.