

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19668

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Luke's Hospital)

File No.....
Registered No. 2678
St..... Ward.....

2. FULL NAME

Robert W. Comben

(a) Residence No. 7616 Jerome St., 12 Ward. St. Louis Co., Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Comben

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>4</u>	<u>25</u>	

8. OCCUPATION OF DECEASED Accountant
(a) Trade, profession, or particular kind of work. 131
(b) General nature of industry, business, or establishment in which employed (or employer). 93
(c) Name of employer Not Employed 132

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

10. NAME OF FATHER Robert Comben

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Eng

12. MAIDEN NAME OF MOTHER Bessie Stone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Katherine Comben
(Address) 7616 Jerome St.

15. FILED MAR 17 1930 W. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22nd 1930 to March 15 1930. that I last saw him alive on March 15 1930, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertension
Chronic Nephritis
Uremia

(duration) 20 yrs. mos. ds.

CONTRIBUTORY Chronic Myocarditis (SECONDARY)

(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood Chemistry

(Signed) George H. Wood M. D.
. 19 (Address) St. Luke's Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bunker Hill Ill. DATE OF BURIAL March 17 1930

20. UNDERTAKER H. Rindskopf ADDRESS 5416 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

