

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

Do not use this space.

14154

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 3486  
St..... Ward.....

**2. FULL NAME** Larry Comer

(a) Residence. No. 803 N. 6th St., St. Louis, Mo. 70 Ward. 60 years  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 7 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Deckhand  
(b) General nature of industry, business, or establishment in which employed (or employer) General labor aboard river steamers US Eng. Dept.  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER John Comer

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

12. MAIDEN NAME OF MOTHER Mary Cosgrove

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

**14.**

INFORMANT Mary Comer  
(Address) 3640 Marine Ave. St. Louis, Mo.

**15.**

FILED APR - 6 1930 C Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 7, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930, 19, to Apr. 7, 1930, 19, that I last saw him alive on Apr. 7, 1930, 19, and that death occurred, on the date stated above, at 8:30 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

930  
16? Senility  
chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) M. J. ... M. D.

4-7-30 19 (Address) 3640 Marine Ave., St. Louis

\*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

DATE OF BURIAL

6 obary

4-9 1930

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 7th St

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.

