

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

Do not use this space.

5841

**1. PLACE OF DEATH**

92 County St Charles Registration District No. H 25-760 File No. 1  
 Townshp. Parsons Primary Registration District No. 6001 Registered No. 7  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bernie Comer  
 (a) Residence, No. St Louis 4044 Delany Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 9 yrs. ✓ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 - 1908  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
23 5 3  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Factory worker  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 58  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1937  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 3:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Inquest Pending  
Accidental over the car she  
was riding collecting milk  
truck while going motor H. V. 48  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 about 3 miles west of  
 CONTRIBUTORY (SECONDARY) St. Louis, Mo.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
to factory

18. WHERE WAS DISEASE CONTRACTED 2101  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_ 201  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W. J. Caldwell, M. D.  
7/25, 1937 (Address) 2040 Delany Mo.

\*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.

9. BIRTHPLACE (CITY OR TOWN) Illinois 2  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Jacob Comer  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Howe  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

14. INFORMANT Frank Josifco  
 (Address) 4116 Delany St Louis Mo.

15. FILED 7/25 37 1937 W. J. Caldwell  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
St Louis Mo. 2/24 1937

20. UNDERTAKER ADDRESS  
Kreighbaumers Wd. Co. St Louis Mo.

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.

FEB 24 1937

