

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.

12 1938

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

892
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis, Mo. (d) Street No. St. Anthony's Hosp. Registered No. **748**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant McComy 250

(a) Residence, No. 1703 Simpson Pl. St. **23**
 (Usual place of abods, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>---</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1938</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-20-1938 Stillborn</u>				I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at <u>5 A.</u> m.			
7. AGE	YEARS	MONTHS	DAYS	The principal cause of death and related causes of importance were as follows:			
			If LESS than 1 day, hrs. or min.	<table border="1"> <tr> <td>Date of onset</td> </tr> <tr> <td><u>3-4 months Still Born</u></td> </tr> </table>		Date of onset	<u>3-4 months Still Born</u>
Date of onset							
<u>3-4 months Still Born</u>							
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>nil</u>						
	9. Industry or business in which work was done, as saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				Other contributory causes of importance:			
FATHER	13. NAME <u>Clovis McComy</u>			Name of operation..... Date of.....			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>			
MOTHER	15. MAIDEN NAME <u>Alma Zimmerman</u>			23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			Manner of injury..... Nature of injury.....			
17. INFORMANT (ADDRESS) <u>Clovis McComy 1703 Simpson Pl.</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>[Signature]</u> M.D. (Address) <u>5417 So Grand Blvd</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews Cem</u> Jan. 21, 1938							
19. FUNERAL DIRECTOR (ADDRESS) <u>Jm. C. Maydell 1926 Allen Ave.</u>							
20. FILED <u>JAN 22 1938</u> <u>[Signature]</u> Local Registrar.							

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm C Moydell

Licensed Embalmer No. 1467

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.)