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.

REC'D APR 18 1938

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

Do not use this space.

File No. 12169
Registered No. 653

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 784
Township: Carondelet — Primary Registration District No. 260
City: ~~Jefferson Barracks~~ (No. ..., Vet Hsp. St. ..., Ward)

2. FULL NAME Sherman B. McCombs 251

(a) Residence, No. 3001 Chancer Avenue, St., Ward. Overland, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. Unkn. 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: Mrs. Gertrude McCombs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 4, 1891

7. AGE — YEARS: 47 — MONTHS: 3 — DAYS: 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Landscape Gardner
9. Industry or business in which work was done, as silk mill, 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): Albia, Iowa

FATHER

13. NAME: George McCombs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Not known

MOTHER

15. MAIDEN NAME: Mary Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Not known

17. INFORMANT: Clinical Clerk VAF Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEMETERY DATE Apr. 13, 1938

19. UNDERTAKER: Ostmann Fun. Home
(ADDRESS) 9222 Lackland Ave. Overland

20. FILED 4-11, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 10, 1938
I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m. AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, aortic and mitral insufficiency complicated by subacute bacterial endocarditis.	Unkn.
Other contributory causes of importance: Myocardial insufficiency.	Unkn.

Name of operation: None — Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory — Was there an autopsy? NO

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.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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