DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27253

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6753

1. PLACE OF DEATH: REC'D SEP 14 1939

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4404A BLAIR AVE 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community SEVEN DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State PENNSYLVANIA (b) County

(c) City or town PHILADELPHIA NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1825 WALLACE ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES C. COOMBE 510

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY AGNES COOMBE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL (Month) 16 (Day) 1870 (Year)

8. AGE: Years 69 Months 3 Days 15 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation ELECTROTYPER

11. Industry or business

FATHER
12. Name WALTER COOMBE
13. Birthplace UNKNOWN (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN ENGLAND
15. Birthplace UNKNOWN (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant's own signature Mrs. Grace Pfingsten

(b) Address 4404A BLAIR AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 3, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 ST. LOUIS AVE

19. (a) AUG 2 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1939 hour 2 minute P M.

21. I hereby certify that I attended the deceased from July 25 1939, 19__, to July 31, 1939; that I last saw him alive on July 27, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Acidosis Diabetic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3604 Washington Date signed 8-2-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Charles Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.