

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15978

State File No. \_\_\_\_\_  
Registrar's No. 100

Registration District No. 773

Primary Registration District No. 6018A

1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hospital No. 4  
 (If not in hospital or institution, write street number or location) 3  
 (d) Length of stay: In hospital or institution 5 mo., 4 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Lawrence Comegys 524  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minerva Graham 6. (c) Age of husband or wife if alive Age Un. years  
 7. Birth date of deceased July 19 1900  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>9</u>	<u>7</u>	hr. _____ min.

9. Birthplace Des Moines Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Brick layer

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name Ed. Comegys  
 13. Birthplace Bondurant, Iowa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Frances Strait  
 15. Birthplace Youngstown Iowa  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Records of State Hospt. #4  
 (b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4-29-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ?

18. (a) Signature of funeral director Shepard Funeral Home  
 (b) Address 1167 Hamilton Ave St. Mo

19. (a) Apr 27-1949 (b) J. R. Robinson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8031 N. Broadway  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26  
 year 40 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 11-22, 1939, to 4-26, 1940,  
 that I last saw him alive on 4-26, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
General paralysis of Descartes (paralysis)  
5+ yrs.  
 Due to Syphilis of left lung (with apical tubercles pneumonia)  
 Due to Chronic myocarditis (hypertrophic)  
 (Include pregnancy within 3 months of death)

Duration

Major findings:  
 Of operations no  
 Of autopsy no

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 no  
 (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?

23. Signature G. Tivis Graves, Jr. (M. D. or other) M.D.  
 Address Farmington, Mo. Date signed \_\_\_\_\_

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**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 James E. Sullivan

Licensed Embalmer No. 1122

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.**