

FILED AUG 5 1940

Registration District No. 117

Primary Registration District No. 117

Registrar's No. 1397

1. PLACE OF DEATH:

(a) County SAINT LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
215 No. Gore Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CLARENCE RANSOM COMFORT 516

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-09-718

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DOROTHY A. BAXTER COMFORT

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased JULY 1 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>#</u>	<u>25</u>	hr. min.

9. Birthplace SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation BOARD CHAIRMAN

11. Industry or business COMFORT PRT. AND STATIONARY

12. Name JAMES EDWARD COMFORT

18. Birthplace SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name LENA RANSOM

16. Birthplace GODFREY ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE R. COMFORT JR.

(b) Address 215 NO: GORE AVE.

17. (a) BURIAL (b) Date thereof JULY 29 1940
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial OAK HILL CEMETERY

18. (a) Signature of funeral director C. R. LUPTON SONS

(b) Address 7233 DELMAR BLVD.

19. (a) JUL 28 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SAINT LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. # 215 NO: GORE AVENUE.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1940 hour 7:30 minute _____ M.

21. I hereby certify that I attended the deceased from 1918
19 _____ to July 26th, 19 40
that I last saw him alive on July 26, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Heart block

Due to Unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of autopsy Broncho pneumonia and large heart.

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? _____

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While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter S. Smith (M. D. or other) _____

Address Webster Groves Date signed 7-26-40

Duration

10 days

25 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
2
4

me

DR. WILLIAM A. SMITH.
111 WEST LOCKWOOD AVE

RE: OOIO

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

Bradford A. Miles

Licensed Embalmer No.

2901

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.