S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4651

Registrar's No. 2062

1. PLACE OF DEATH:

(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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18 17

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4481a Vista Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert F. Mc Comish

3. (b) If veteran, name war World War

3. (c) Social Security No. 488-01-9159

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary M.

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March (Month) 6 (Day) 1896 (Year)

8. AGE: Years 45 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Steam fitter

11. Industry or business Anheuser-Busch Brew. Co

FATHER
12. Name James McComish
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Helen Collins
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary M. McComish
(b) Address 4481a Vista Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wicker-Helderle Und & Fur Co
(b) Address 3634 Gravois Ave.

19. (a) MAR 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 th.
year 1942 hour 5:20 minute A.M.

21. I hereby certify that I attended the deceased from Feb 21st 1942, to March 4th 1942
that I last saw him alive on March 3rd 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	12 days
Due to Ruptured Gangrenous appendicitis	13 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ruptured Gangrenous appendicitis Peritonitis

Of autopsy

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 J F Gallagher (M. D. or other) MD
Address 3903 Olive Date signed 3/5/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.