

FILED OCT 6 1942
318

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St Marys Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hrs**
In this community **2 hrs**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **219**
(d) Street No. **3039 E Brentner** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Martin McComb**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **August 31 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **2 hrs** min.

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

10. Usual occupation

11. Industry or business

12. Name **Hester McComb**

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

14. Maiden name **Easter Brown**

15. Birthplace **Helena Ark Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Easter McComb**

(b) Address **3039 E Brentner**

17. (a) **Burial** (b) Date thereof **SEP 24 1942**
(Burial, ~~removal~~) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **Dr. H. H. ...**
(b) Address **City Health Dept**

19. (a) **SEP 22 1942** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **31st**
year **1942** hour **2:00** minute **0** M.

21. I hereby certify that I attended the deceased from **12:04 AM** 19 **to** **2:00 AM** **August 1942**
that I last saw him alive on **August 31st** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **6 mo premature**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **L. S. Harris** (M. D. or other)

Address **St Marys Infirmary** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Handwritten signature and number: 4350

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.