

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

3328

FILED JAN 16 1945

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 8678

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6659 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 28 years (years, months or days)

3. (a) PRINT FULL NAME Amelia A. Comfort
(b) If veteran, name war none
(c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Roy E. Comfort
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 11 1850
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
94 4 6 hr. min.

9. Birthplace Kalamazoo, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Oscar F. Coleman
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Mary Swezey
15. Birthplace Long Island
(City, town, or county) (State or foreign country)

16. (a) Informant Marion C. Comfort
(b) Address 6659 Washington Blvd.
17. (a) removal (b) Date thereof 12/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kalamazoo, Mich

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd. U. City

19. (a) DEC 20 1944 (b) E. J. Mohr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6659 Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 th.
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 14 to Dec. 16, 1944
that I last saw her alive on Dec. 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration
Due to Senility
Duration many years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Francis R. Pitche (M. D. or other)
Address 5233 West Union St. Date signed 12-17-44

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

96
6/3

Dr. Frances R. Richte.

5233 Waterman Ave.

FO 5071

Hrs. - 4 to 6

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 Clarence H. Murray

Licensed Embalmer No. 4011

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, fact should be so stated above.