

No. 2
-8-43
5-17-39
X37823

FILED JAN 25 1946

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **504**

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:
1708 Bacon St.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1708 Bacon St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Georgia Ann Combs**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **15**
year **1946** hour **9** minute **45** P.M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 7 1940**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-8-1946** to **1-15-1946**, 1946, and that I last saw him alive on **1-13-1946**, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
6 0 8 hr. _____ min.

Immediate cause of death
Myocardial Infarction (Heart) **4 days**
Due to **"Grippe" + Pneumonia (Bronchial)**
Due to **8 days**
Other conditions (Include pregnancy within 3 months of death) **33**

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

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Carroll Combs**
13. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Giva Adams**
15. Birthplace **St. James Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carroll Combs**
(b) Address **1708 Bacon St.**
17. (a) **Burial** (b) Date thereof **1-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cem.**

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 _____

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**
19. (a) **JAN 16 1946** **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Geo. W. Truman** (M.D. over 14. 0)
Address **3532 Washington Blvd.** Date signed **1/16/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2411

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.....

Fred. Frick

Licensed Embalmer No. **3186**

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.