S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25412

FILED AUG 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7001

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2519a Marcus Ave. 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME Mary Rita Combest

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Earl L. Combest

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Feb. (Month) II (Day) 1922 (Year)

8. AGE: Years 25 Months 5 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Simon 0

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

14. Maiden name Mary Rider 0

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Earl L. Combest

(b) Address 2519a Marcus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1947 hour 9 minute 15 p M.

21. I hereby certify that I attended the deceased from July 20, 1947, 19..., to July 25, 1947, 19...; that I last saw h... alive on July 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Heart Disease	
Arterio Scherosis	
Due to: Bacterial Endo Carditis	
Cardias Insufficiency	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

159

PHYSICIAN — Underline the cause of 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 0

23. Signature Dr. Llewellyn Dale Jr. (M. D. or other)

Address 4500 Olive St. Date signed 7/26/47

Jefferson City Printing Co. (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.....Robert L. Brinkman

Licensed Embalmer No.....3553

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.