No. 2
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. 35615

FILED NOV 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10016

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: Desloge 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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4963A Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John M. Comerford Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Comerfort
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan. 12, 1883. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	17	hr. min.

9. Birthplace (City, town, or county) England (State or foreign country)
10. Usual occupation Retired Contractor
11. Industry or business
FATHER
12. Name John M. Comerford
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Ann Reid
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs. Theresa Comerford
(b) Address 4963A Highland Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) OCT 30 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 1947 hour two minute 40 A. M.
21. I hereby certify that I attended the deceased from August 21, 1947, to October 29, 1947; that I last saw him alive on October 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hydrothorax	
Chronic passive congestion	
myocardial damage	
Due to Old Coronary occlusion	10 yrs.
exploratory of Chest	12 hours
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Hydrothorax
Of autopsy Cardiac failure, mural thrombus myocardial scarring, hydrothorax

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

23. Signature Horace A. Lowe (M. D. or other)
Address Desloge Hospital Date signed 29 Oct 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) HORACE A LOWE

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 Alfred F. Bredeksen

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

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.