

FILED JUL 15 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

21111  
5979

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

## 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:  
Residence: 5907 Washington Ave.,  
 (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)

3. (a) PRINT FULL NAME CORNELIA HOBSON McCOMAS.3. (b) If veteran, name war..... no  
3. (c) Social Security No..... no4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife..... Charles E. McComas, 6. (c) Age of husband or wife if alive..... 1863 years7. Birth date of deceased..... July 16 (Month) (Day) (Year) 18638. AGE: Years Months Days If less than one day  
84 11 17 hr. min.9. Birthplace..... Chicago, Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER  
 { 12. Name Robert Hobson,  
 { 13. Birthplace Lynchburg, Virginia  
 { (City, town, or county) (State or foreign country)  
 { 14. Maiden name Samantha Smith,  
 { (City, town, or county) (State or foreign country)  
 { 15. Birthplace New York, N. Y.  
 { (City, town, or county) (State or foreign country)

16. (a) Informant..... Marjorie McComas.  
 (b) Address..... 5907 Washington Blvd.,  
 17. (a) Interment (b) Date thereof..... 7-6-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Oak Grove Cemetery  
C.R. Lupton & Sons,

18. (a) Signature of funeral director.....  
(b) Address..... 7233 Delmar Blvd.,19. (a) JUL 6 1948 (b) J. F. Bueck  
(Date received local registrar) (Registrar's signature)

## 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. 5907 Washington Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country?..... no (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1948 hour 6:00 minute P. M.21. I hereby certify that I attended the deceased from May 4  
1948 to June 13 1948  
that I last saw her alive on May 30 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage 9 wks  
Intermetastasis 10 yrs

Due to.....

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?

(Specify type of place)  
 While at work?..... (i) Means of injury.....  
 23. Signature J. F. Bueck (M. D. or other)  
 Address 7000 Olive St Date signed July 4, 48

6/1/92

**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.**