S. No. 300
V. 10-48

4006

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

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39291

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2691

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7340 Forsyth Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 37 4376
d. STREET ADDRESS (If rural, give location): 7340 Forsythe Blvd. 0

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): E.
c. (Last): COMSTOCK.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 24 1881

9. AGE (In years last birthday): 69
If under 1 year: Months | Days
If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired;Traveling Rep't;

10b. KIND OF BUSINESS OR INDUSTRY: Del.Lackawana West.R.R.,

11. BIRTHPLACE (State or foreign country): St.Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Col. James B. Comstock.

13b. MOTHER'S MAIDEN NAME: Alice E. Ladd.

14. NAME OF HUSBAND OR WIFE: Harriet J. Comstock.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): — — — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Miss.Marjory A.Comstock;7340 Forsyth Blvd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma liver — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ — 156A

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — not known

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25, 1950, *to* 11-7, 1950, *that I last saw the deceased alive on* 11-7, 1950, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Macon M.D.

23b. ADDRESS: 7158 Manchester, St. Louis Mo.

23c. DATE SIGNED: 11-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 0

24b. DATE: 11-10-1950

24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

24d. LOCATION (City, town, or county) (State): St.Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 11-8-50

REGISTRAR'S SIGNATURE: H. R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E.R.Lupton & Sons;7233 Delmar Blvd.,

(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 .....,

working under my personal supervision.

Student Embalmer No. .....

Signed Melvin L. Kemper

Signed .....
Student Embalmer

Licensed Embalmer No. 4052

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.