

FILED MAY 10 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15117

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2070</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Carsonville</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>So. Kinloch</u>		4091	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springdale LAKE</u>				d. STREET ADDRESS (If rural, give location) <u>458 Monroe</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathaniel</u> b. (Middle) _____ c. (Last) <u>Combs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 3 51</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>4-23-1941</u>		9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis City Hosp.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Combs</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Humphries</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Humphries</u>		ADDRESS <u>Monroe</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> <u>Deceased unable to swim and fell off a raft</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>private lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carsonville 43 St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/3/51 7 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Submersion asphyxia</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Amold Willmann</u> (Degree or title) <u>3</u> <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>5/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5 15 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington PK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/4/51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayd' Baes</u>		ADDRESS <u>Fun. Home Kinloch</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: _____

Edward A. Flynn

Licensed Embalmer No. *4444*

P. O. Address. *4548 21 Page*

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.