

THE DIVISION OF HEALTH OF MISSOURI
STATE DEPARTMENT OF HEALTH
FILED JUN 6 1951 STANDARD CERTIFICATE OF DEATH

State File No. 17693

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 1021		
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital				d. STREET ADDRESS (If rural, give location) 1809 n Jefferson Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Carroll b. (Middle) F. c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) 5 25 51					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-18-1917		
9. AGE (In years last birthday) 31		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		10b. KIND OF BUSINESS OR INDUSTRY Civil Service		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carroll F Combs		13b. MOTHER'S MAIDEN NAME Giva Adams		14. NAME OF HUSBAND OR WIFE Josephine Combs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. # 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Carroll Combs 1809 N. Jefferson				
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) Laceration of the Brain with hemorrhage into the ventricles. Automobile Accident (One car) Jury's Verdict. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8254 33	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Portage - Cty. Highway Mo.		092		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:25 '51 9A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident				
22. I hereby certify that I attended the deceased from 5/26/51 and that death occurred at 5:55 A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED		
[Signature]				Wentzville Mo.		5/26/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-51		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis		
DATE REC'D BY LOCAL REG. May 26-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Woodhart & Goodhart 2228 St. Louis, Av		

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

0923

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File No. DISTRICT HEALTH OFFICE No. 1

JUN 4 1951

RECEIVED

AUG 7 1951

JUN 13 1951

JUN 6 1951

JUN 6 1951

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 Robert M. Murray

Licensed Embalmer No. 3749

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.