

FILED MAR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12665

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 781	
1. PLACE OF DEATH a. COUNTY St. Louis				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) Kirkwood		c. LENGTH OF STAY (In this place) 52 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood 4903		d. STREET ADDRESS (If rural, give location) 322 So. Woodlawn Ave.	
3. NAME OF DECEASED a. (First) Mary b. (Middle) Margaret c. (Last) Combs				4. DATE OF DEATH (Month) (Day) (Year) March 9, 1953			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH Aug. 15, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 1 HR. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Herbert Combs			13b. MOTHER'S MAIDEN NAME Katherine Walsh		14. NAME OF HUSBAND OR WIFE Robert Ford Combs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Cecil C. Combs, 8063 Teasdale Ave.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of coronary arteries INTERVAL BETWEEN ONSET AND DEATH many years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis many years DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 12-7-52		19b. MAJOR FINDINGS OF OPERATION 4201			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.) 4201		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 52			
22. I hereby certify that I attended the deceased from October 11, 1952 , to March 9, 1953 , that I last saw the deceased alive on March 9, 1953 , and that death occurred at 10:30 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James B. Jones M.D.				23b. ADDRESS Webster Groves, Mo.		23c. DATE SIGNED March 10, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 3-10-53		REGISTRAR'S SIGNATURE Herbert R. D. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Donnelly		ADDRESS 3840 Lindell Blvd.	

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

1. D. ...
L.S.C.

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 _____
[Handwritten Signature]

Licensed Embalmer No. _____
[Handwritten Number]

P. O. Address _____
[Handwritten Address]

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.