

FILED OCT 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 38044
9225
Registrar's No. 9225

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

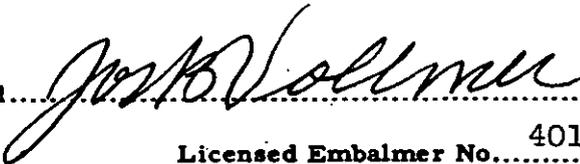
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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>23 1834a So. 10th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1834a So. 10th</u> | | 22890 | |
| 3. NAME OF DECEASED a. (First) <u>PAIRLEE</u> (Type or Print) | | b. (Middle) | c. (Last) <u>COOMBS</u> |
| 4. DATE OF DEATH | | 5. DATE (Month) (Day) (Year) <u>Sept 23 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 23 1879</u> |
| 9. AGE (In years last birthday) <u>73</u> | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Earlington Kentucky</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Willis Smith</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Dunnan</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leonard Coombs</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Coombs</u> | | ADDRESS <u>1834a So 10th</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Cancer of Breasts</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>170X</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 <u>1200 hours</u> from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Patrick J. Taylor Coroner</u> | | 23b. ADDRESS <u>300 Clark</u> | |
| 23c. DATE SIGNED <u>9/24/53</u> | | 23d. SIGNATURE <u>E. J. Schnur</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sep 26 53</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>SEP 24 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schnur</u> | | ADDRESS <u>3125 Lafayette</u> | |

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.