

No. 300
10. 48

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25594

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1773

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Ferguson</u>		c. CITY OR TOWN <u>Ferguson</u> <u>MO</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) <u>4 1/2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>225 St. Louis Avenue</u> <u>4009</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>225 St. Louis Ave</u>		e. STREET ADDRESS <u>225 St. Louis Avenue</u> <u>4009</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Comerford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>15</u> <u>1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-21-1879</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired seamstress</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dressmaker</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>William Ulrich</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Brust</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Comerford Dec'd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-01-2771</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sohia Ulrich-Ferguson, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (metastatic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Feb 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca rt breast</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170X	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 1953</u> , to <u>7/15</u> , 1954, that I last saw the deceased alive on <u>7/11</u> , 1954, and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Kuebrich M.D.</u>		23b. ADDRESS <u>9 S. Florissant Rd Ferguson Mo</u>	
23c. DATE SIGNED <u>7/16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-19-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/18/54</u>		REGISTRAR'S SIGNATURE <u>Heber R. Amke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

6 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 *Bill C. Branson*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Louis*.....

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.