

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 - 1955

State File No. **30706**
Registrar's No. **8340**

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

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (In this place) **DOA**
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute Homer Phillips Hos p.** e. STREET ADDRESS (If rural, give location) **5950 Minerva Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Walter** b. (Middle) **C.** c. (Last) **Combs** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 27, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan. 20, 1902** 9. AGE (In years last birthday) **53** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Chf** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **East Prairie, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Robert Combs** 13b. MOTHER'S MAIDEN NAME **Janie Phelps** 14. NAME OF HUSBAND OR WIFE **Ruth Combs**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** 16. SOCIAL SECURITY NO. **490-18-1748** 17. INFORMANT'S SIGNATURE OR NAME **Ruth Cross Combs** ADDRESS **5950 Minerva**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ruptured Heart**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Myocardial Infarction**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **420.1** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

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 **12:00 A.** m., from the causes and on the date, stated above.

23a. SIGNATURE **Patric C. Taylor Coroner** (Degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9-22-55**

24a. BURIAL, CREMATION, REMOVAL **Removal** 24b. DATE **9-22-55** 24c. NAME OF CEMETERY OR CREMATORY **Local** 24d. LOCATION (City, town, or county) (State) **East Prairie, Mo.**

DATE REC'D BY LOCAL REG. **SEP 22 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS **Albert H. Hoppe 4700 Washington.**

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..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address..... *M. Lee*

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.