

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43557

FILED DEC 27 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11148

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 1 mo. 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 St. Louis Chronic Hosp. e. STREET ADDRESS (If rural, give location) 4441a W. Belle Pl.

3. NAME OF DECEASED (Type or Print) a. (First) Clyde Era b. (Middle) Milton c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) 12-5-56

5. SEX female 6. COLOR OR RACE col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 10-25-1895 9. AGE (In years last birthday) 61 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Tenn. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Millard Combs 13b. MOTHER'S MAIDEN NAME Della Combs 14. NAME OF HUSBAND OR WIFE R.W. Milton

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Willis Thomas ADDRESS 4441a W. Belle pl.

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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS 334X Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 11-14-56 1956, to 12-5-56, 1956, that I last saw the deceased alive on 12-5-56, 1956, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE John Niederwimmer, M.D. (Degree or title) 23b. ADDRESS 5600 Arsenal, St. Louis 23c. DATE SIGNED 12-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-10-56 24c. NAME OF CEMETERY OR CREMATORY Greenwood 24d. LOCATION (City, town, or county) (State) 6571 St Louis ave. MO.

DATE REC'D BY LOCAL REG. DEC 6 1956 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE McBoyd Funeral Home ADDRESS 3704 Kinney (Licensed Embalmer's Statement on Reverse Side)

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 *W Claude Gordon*.....

Licensed Embalmer No. *348*.....
P. O. Address *4575 ab*.....

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.