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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031179
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2171

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp. — Length of stay in 1b D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Brentwood 4511 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2008 Parkridge Av. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EUGENE Middle JAMES Last COMERIO
4. DATE OF DEATH Month Aug. Day 19 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 1, 1890
9. AGE (In years last birthday) 67 — 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) Restaurant Proprietor (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Angelo Comerio
13b. MOTHER'S MAIDEN NAME Rosa Bianchi
14. NAME OF HUSBAND OR WIFE Molly Comerio
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. UNK
17. INFORMANT Molly Comerio — Address 2008 Parkridge Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-24-1954, to 8-18-58 and last saw ~~her~~ him alive on 8-18-1958
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John M Parato (Degree or title) M.D. 6
22b. ADDRESS 4401 Hampton Ave
22c. DATE SIGNED 8/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug. 21, 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG. 8-20-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed William B White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 Kingsbridge

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.