

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034110
STATE FILE NUMBER

FILED SEP 29 1958

318

1003

8847

Registration District No. Primary Registration District No. Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.				Length of stay in 1b 5 Weeks		d. STREET ADDRESS (If outside, give location) 7235 Dartmouth	
3. NAME OF DECEASED (Type or print) First Nell Middle G Last Comer				4. DATE OF DEATH Month Sept , Day 12th , Year 1958			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-25-1888		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Carroll			13b. MOTHER'S MAIDEN NAME Bridget McGlynn			14. NAME OF HUSBAND OR WIFE Matthew J. Comer	
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. no		17. INFORMANT Thomas V. Comer		Address 7235 Dartmouth
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chr. myocarditis						?	
DUE TO (c) 420.1 F							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left neck of femur						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II item 18.) Fell in home.				
20c. TIME OF INJURY Hour 4 p.m. Month 8 , Day 7 , Year 58			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 27th home				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27th home			20f. CITY, TOWN, OR LOCATION University City		COUNTY mo.		
21. I attended the deceased from 8-18-58 to 9-12-58 and last saw her alive on 9-12-58 Death occurred at 12:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edwin P. Meiner M.D.				22b. ADDRESS 6651 Enright ave		22c. DATE SIGNED 9-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-15-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri		
24. FUNERAL DIRECTOR Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. SEP 13 '58		26. REGISTRAR'S SIGNATURE Carl Smith MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. E. O. Maxins
66.51 Embalmer

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. E. O. Maxins

Licensed Embalmer No. 4699
P. O. Address 3840 Lindell

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.