Health, Welfare Public Service

300 0 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045521

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11454

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. L. City Hosp. — Length of stay in Ib: 42 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5071a Ruskin A venue — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Carroll — Middle: C — Last: Combs

4. DATE OF DEATH: Month: Nov — Day: 26 — Year: 1958

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 21, 1896

9. AGE (In years last birthday): 62 — 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): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: H.& H. Machine & Motors Company

11. BIRTHPLACE (City and state or country): Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Carroll Combs

13b. MOTHER'S MAIDEN NAME: Minnie Armstrong

14. NAME OF HUSBAND OR WIFE: Giva B. Combs (nee Adams)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 498-10-3578

17. INFORMANT: Mrs. Giva B. Combs, Address: 5071a Ruskin Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Fibrosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac Hypertrophy

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 525X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 _____ to _____ and last saw her/him alive on _____

Death occurred at 950 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 11-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec. 1, 1958

23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery

23d. LOCATION (City, town, or county) (State): Gardenville, St. Louis Co., Mo

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: NOV 28 '58

26. REGISTRAR'S SIGNATURE: Earl Smith MD M&B

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Glen W. Ward

Licensed Embalmer No. 3737

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.