

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007397

STATE FILE NUMBER

2 1890

Health,  
Welfare  
Public  
Service

FILED MAR 10 1959

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

300

-57

191

3

|  |                                      |   |   |   |   |
|--|--------------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                      |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>6422 Devonshire</b>  |                                      | Length of stay in lb<br><b>4 yrs.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>6422 Devonshire</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Margaret</b> Middle <b>J.</b> Last <b>Mc Comish</b>   |                                      |   | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>19</b> Year <b>1959</b>  |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Caucasian</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 31, 1912</b>   |   | 9. AGE (In years last birthday)<br><b>46</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Secretary</b>  |                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Medical School</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Edward A. Mc Comish</b>   |                                      | 13b. MOTHER'S MAIDEN NAME<br><b>Anna C. Ryan</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Never Married</b>                   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                      | 16. SOCIAL SECURITY NO.<br><b>499-34-0616</b>   |   | 17. INFORMANT<br>Address<br><b>Anna F. Mc Comish, 6422 Devonshire</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Metastatic carcinoma lungs and abdomen</b>   |                                      |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 months</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of both ovaries</b>  |                                      |   |   |   | <b>4 months</b>   |
| DUE TO (c) <b>175.0</b>  |                                      |   |   |   |   |
| 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?<br>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 of item 18.)                                |   |   |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |                                      |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                      | 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 <b>11-17-58</b> , to <b>2-19-59</b> and last saw her alive on <b>2-10-59</b><br>Death occurred at <b>7:55 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                      |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>E. M. Charles, M.D.</b>   |                                      |   | 22b. ADDRESS<br><b>1105. Central Clayton 5 Mo</b>   |   | 22c. DATE SIGNED<br><b>2-21-59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                      | 23b. DATE<br><b>2-23-1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>                       |
| 24. FUNERAL DIRECTOR<br><b>Hoffmeister Colonial Mortuary</b><br>ADDRESS<br><b>6464 Chippewa St. St. Louis, Mo.</b>   |                                      |   | 25. DATE RECD. BY LOCAL REG.<br><b>FEB 21 '59</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Harold Smith M.D.</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

10-13

6271

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 *John S. Henner* ..... Licensed Embalmer No. *419.46* ..... 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.