

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011588

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 901

300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BALLWIN, MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSP.</u> Length of stay in 1b <u>10 HRS.</u>		d. STREET ADDRESS (If outside, give location) <u>KEHRS MILL RD.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John HENRY Commer</u>			4. DATE OF DEATH Month Day Year <u>4-2-59</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 8, 1879</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (City and state or country) <u>HAYATHA IOWA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>FAYETTE COOMER</u>	
13b. MOTHER'S MAIDEN NAME <u>UN KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	
17. INFORMANT <u>FRANCIS ESSEN</u>		Address <u>BALLWIN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTRACRANIAL HEMORRHAGE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>SKULL FRACTURE</u> DUE TO (c) <u>AUTO ACCIDENT.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ACUTE ALCOHOLISM.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 Hours.</u>
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>STRUCK BY A CAR</u>		20c. TIME OF INJURY Hour Month, Day, Year p.m. <u>4-1-59</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <u>Mo Manchester Rd. Ballwin</u>	
20f. CITY, TOWN, OR LOCATION <u>400</u>		COUNTY STATE	
21. I attended the deceased from <u>4-1-59</u> to <u>4-2-59</u> and last saw ^{him} alive on <u>4-2-59</u> Death occurred at <u>2:20 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D.B. Colley</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>601 So. Brentwood</u>	
22c. DATE SIGNED <u>4-2-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-3-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery, Pond Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Pond. Mo.</u>	
24. FUNERAL DIRECTOR <u>SCHRADER FUN HOME</u> ADDRESS <u>BALLWIN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-59</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>			

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 *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.