

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

30424

Do not use this space.

7861

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. Barnes Hospital Registered No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Norman Dudley Comfort 516  
(a) Residence, No. 5701 Floy Ave. St. 7 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Comfort

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
30 8 / 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Supt. of Prod.  
9. Industry or business in which work was done, as saw mill, bank, etc. J. S. Swift  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Charles E. Comfort  
14. BIRTHPLACE (CITY OR TOWN) Kirkwood (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Georgia L. McClelland  
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Irene Comfort (ADDRESS) 5701 Floy Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 9-6-38

19. FUNERAL DIRECTOR (NAME) Provost Und. Co. (ADDRESS) 3710 N. Grand Blvd.

20. FILED SEP - 3 1938 J. B. Prudek Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1938 to 9-3, 1938

I last saw him alive on 9-3, 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

HYPERNEPHROMA OF KIDNEY, LT Date of onset JAN. 1938?  
HYPERNEPHROMA OF VERTEBRAE, METASTATIC ?

Other contributory causes of importance: 51A

Name of operation None Date of.....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) Frank J. James, M. D.  
(Address) BARNES HOSPITAL

**STATEMENT BY LICENSED EMBALMER**

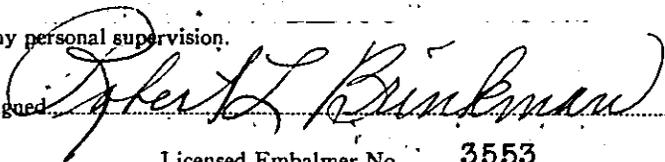
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**Robert L. Brinkman**

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No..... **3553**

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**