

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

31943
Do not use this space.

OCT 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 100
 (c) or City St. Joseph (d) Street No. 2018 Francis St.
 (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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Addie May Comeaux

(a) Residence, No. 404 South 22nd St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white/ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert L. Comeaux

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) Jonesboro, (STATE OR COUNTRY) Indiana

FATHER

13. NAME Henry Wesley Webb

14. BIRTHPLACE (CITY OR TOWN) Graig County, (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Susana Van Horn

16. BIRTHPLACE (CITY OR TOWN) Carlton, (STATE OR COUNTRY) Ohio

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939, to Sept 25, 1939
 I last saw her alive on Sept 25, 1939. Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardial degeneration
arteriosclerosis
hemiplegia
 Date of onset 2/2/39

Other contributory causes of importance:
arteriosclerosis, hemiplegia

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Arthur J. Taylor, M. D.
 (Address) Girpatrick Bldg. St. Joseph Missouri

17. INFORMANT Mrs. Claude Warner
 (ADDRESS) 404 S 22nd, St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Severance, Kansas DATE September 28, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer
 (ADDRESS) 1302 Parson St., St. Joseph, Missouri

20. FILED 9/28/39 1939 J. J. Fetterbach
 Local Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18
5
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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

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.