

FILED MAY 19 1942

State File No.

1003

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4060 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Norman Lee Comer

3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 14, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 24
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation.....
11. Industry or business.....
12. Name Louis Comer
13. Birthplace Tupelo Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Leler Davis
15. Birthplace Tupelo Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Comer
(b) Address 4060 Delmar
17. (a) Burial (b) Date thereof 5/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) MAY 11 1942
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4060 Delmar
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour 6.30 A.M. minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Thymico Suffocation; Status/Lymphaticus;
when child was found with blanket
Due to over its head in the crib, at the
home 4060 Delmar Blvd., on May 8,
Due to 1942, at about 7:50 A.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 8, 1942
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)
While at work?..... (r) Means of injury.....
23. Signature Walter Perry (M. D. or other).....
Address..... Date signed 5/11/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Autopsy

Signed *Shirley Eynock*
Licensed Embalmer No. *1284*
P. O. Address *St Louis Mo*

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, fact should be so stated above.