

FILED JUL 13 1949 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3038² Dickson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 yrs years, months or days

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. 3038² Dickson St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allen Combs

3. (b) If veteran, name war _____ 3. (c) Social Security No. 326-10-9412

4. Sex Male 5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laurena 6. (c) Age of husband or wife if alive 50
7. Birth date of deceased Oct 17th 1898
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Tunica La
(City, town, or county) (State or foreign country)

10. Usual occupation clipper

11. Industry or business Laundry

MOTHER FATHER

12. Name Benjamin Combs
13. Birthplace La
(City, town, or county) (State or foreign country)
14. Maiden name La
15. Birthplace La
(City, town, or county) (State or foreign country)

16. (a) Informant Laurena Combs
(b) Address 3038² Dickson St

17. (a) Burial (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bredenk
(b) Address 2133 Bell Ave

19. (a) JUL 2 1949 (b) J. F. Bredenk
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1943 hour _____ minute 9:00 P. M.

21. I hereby certify that I attended the deceased from June 23rd 1943 to July 1st 1943 that I last saw him alive on July 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute capillary Bronchitis (Non-Euler-Cular)

Duration June 23rd - 43 to July 1st 1943

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Oscar William Johnson (M. D. or other) _____
Address 1046 N. Grand Date signed 7-2-43

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.

Signed..... *A. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address..... *2769 Charlestown*

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.