No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9215

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2480

1. PLACE OF DEATH: ~~Homer G. Phillips Hospital~~

(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: Homer G. Phillips Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 23

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State: Missouri (b) County: 9

(c) City or town: St Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 3039 Brandon Place (If rural, give location) 21

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Lester L. McCombs

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

4. Sex: F 5. Color or race: Col 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lester McComb 6. (c) Age of husband or wife if alive: 25 years

7. Birth date of deceased: 3 (Month) 31 (Day) 1918 (Year)

8. AGE: Years 25 Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace: Helena (City, town, or county) Ark (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: .....

MOTHER FATHER

12. Name: Charley Brown

13. Birthplace: Clarksdale (City, town, or county) Miss (State or foreign country)

14. Maiden name: Gertrude Williams

15. Birthplace: Tallalah (City, town, or county) La. (State or foreign country)

16. (a) Informant: Gertrude Brown

(b) Address: 1411 N. 21st Street

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Father Dizon Cemetery

18. (a) Signature of funeral director: Gus Lowe

(b) Address: 2930 Dickson St

19. (a) MAR 14 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 12 year: 1944 hour: 5 minute: 45 A.M.

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

Immediate cause of death: Myocardial Degeneration — Duration

Due to: .....

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings: Of operations: .....

Of autopsy: .....

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: James J. Fitzsimmons (M. D. or other)

Address: 1300 6th St Date signed: 3/19/44

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371 F

P. O. Address St. Louis

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.