

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17887

State File No. _____

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 1022

1. PLACE OF DEATH:

(a) County 7340 Forsythe Blvd. ST. LOUIS

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7340 Forsythe Blvd /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7340 Forsythe Blvd 3
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harriett Josephine Comstock,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Paul E. Comstock

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 10 - 1880
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

65 9 2 _____ hr. _____ min.

9. Birthplace Chillicothe Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph Bucher

13. Birthplace Alsace Lorraine France /
(City, town, or county) (State or foreign country)

14. Maiden name Virginia A. Smoot

15. Birthplace Worchester Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Paul E. Comstock

(b) Address 7340 Forsythe - Clayton, Mo.

17. (a) Cremation (b) Date thereof May 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 5-13-46 (b) E. A. McDevian
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from February 15 1931 to May 12 1946
that I last saw her alive on May 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis
Duration _____

Due to 97

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? _____

(Specify type of place) _____

While at work (e) Means of injury _____

23. Signature Henry E. Witterman (M. D. or other) M.D.
Address 2136 East Grand Blvd Date signed 5-12-46

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

16766

Dr. Harvey
2136 1/2 Street
GR 5169
1 to 3 p.m.

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address. Maplewood

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.