V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40491

State File No. 11

FILED NOV 25 1947

Registration District No. 347

Primary Registration District No. 6076

Registrar's No. 23 2-25

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 44 years 2 months 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rural Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 7301 St. Charles Rock Rd.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MR. HENRY COMSTOCK

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M.

5. Color or race W.

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 ..... (Month) ..... (Day) 1867 (Year)

8. AGE: Years 80 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Donaldsonville (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Clerk

11. Industry or business .....

FATHER
12. Name U. K.
13. Birthplace ..... (City, town, or county) U. K. (State or foreign country)

MOTHER
14. Maiden name U. K.
15. Birthplace ..... (City, town, or county) U. K. (State or foreign country)

16. (a) Informant Siste Vincent
(b) Address St Vicents Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullin Kells
(b) Address 4386 Lindell

19. (a) 11-17-47 (Date received local registrar) (b) Cecil C. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th
year 1947 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1903 19..., to Nov. 16, 1947
that I last saw him alive on Nov. 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	6 days
Due to: 94	
Due to:	
Other conditions: Schizophrenia (include pregnancy within 3 months of death)	44 yrs.

Major findings:
Of operations ~~Same~~
Of autopsy same

PHYSICIAN
Underline the cause of 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 W. B. Sutton (M. D. ~~or other~~)

Address 7301 St. Charles Rock Rd. Date signed 11-16-47

Jefferson City Printing Co.

(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 James G. Lammers

Licensed Embalmer No. 442

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.