

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14919
Registrar's No. 835

FILED APR 19 1948

Registration District No. 317

Primary Registration District No. 3670

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

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
272 N TOLA DR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 89 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 27 N TOLA DR
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 4
If yes, name country —

3. (a) PRINT FULL NAME HARRY BERLIN COMFORT

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1948 hour 8:30 minute — M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife JENNIE COMFORT

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: JAN 10 - 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1948 to March 30, 1948
that I last saw him alive on March 30, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 9 Days 20
If less than one day hr. — min. —

Immediate cause of death Carcinoma of liver

Due to —

Due to —

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

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation TOOL MAKER

11. Industry or business CENTURY ELECTRIC CO

MOTHER FATHER

12. Name FRANK L COMFORT

13. Birthplace WARSAW ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name FANNIE HAINES

15. Birthplace BURNSVILLE OHIO
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS JENNIE COMFORT

(b) Address 27 N TOLA DRIVE

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? —

17. (a) BURIAL (b) Date thereof APRIL 2 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEM.

18. (a) Signature of funeral director Parker

(b) Address WEBSTER GROVES

(Specify type of place) (e) Means of injury —

19. (a) 4-2-48 (b) George
(Date received local registrar) (Registrar's signature)

23. Signature W Alexander Smith
Address Webster Groves Date signed 3-30-48

APR 19 1948

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 *E. E. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Groves*

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.