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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

34022
8803

Registration District No. **318** Primary Registration District No. **1003** State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution 2500 S. 18th LITTLE FLOWER RETREAT
(d) Length of stay: In hospital or institution 5
In this community Crescentina Comstock
years, months or days

3. (a) PRINT FULL NAME CRESSENTINA COMSTOCK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FE 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 25 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 15
If less than one day hr. _____ min. _____

9. Birthplace UNK CA
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER } 12. Name UNKNOWN KEILBACK
13. Birthplace UNKNOWN I
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace UNKNOWN CA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Hayden
(b) Address 3914 PARKER

17. (a) BURIAL (b) Date thereof Oct 13 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem
18. (a) Signature of funeral director E. J. Schuur
(b) Address 3125 Lafayette av

19. (a) OCT 11 1948 (b) J. B. Jasson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 97
(c) City or town ST. LOUIS
(d) Street No. 2500 S. 18th
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 10
year 1948 hour 11 minute 15 AM.
21. I hereby certify that I attended the deceased from Sept 28
1948, to October 10, 1948
that I last saw her alive on Oct. 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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 Paul B. Webb (M. D. or other) MD
Address 1915 S. Sidney Date signed 10/11/48

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 *Joseph B. Volante*
Licensed Embalmer No. *4014*
P. O. Address *St Louis, Mo*

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.